Leicestershire Partnership NHS Trust

Public Meeting of the Trust Board
31 January 2023, 9.30am-1.00pm
The Willow Room, NSPCC

Agenda Time	Item		Paper	Lead
9.30	1.	Apologies for absence and welcome to meeting: The Trust Board Members	A	Chair
9.35	2.	Patient Voice – Better Mental Health for All	verbal	Tanya Hibbert
9.45	3.	Staff Voice – Better Mental Health for All	Verbal (*Slides B)*	Tanya Hibbert
10.05	4.	Declarations of Interest Report • Declarations of Interest in Respect of Items on the Agenda	C	Chair
	5.	Minutes of Previous Public Meeting: 29 November 2022	D	Chair
	6.	Matters Arising	E	Chair
	7.	Chair's Report	F	Chair
	8.	Chief Executive's Report	G	Angela Hillery
Governance and Risk				
10.20	9.	Organisational Risk Register	H	Chris Oakes
10.30	10.	Proposed changes to Corporate Governance Structure	I	Chris Oakes
Strategy and System Working				
10.35	11.	Service Presentation – Better Mental Health for All	Verbal *(Slides J)*	Tanya Hibbert
10.55	12.	Break		
11.05	13.	Integrated Care System Strategy	K	David Williams
11.15	14.	Step Up To Great Strategy Progress Report	L	David Williams
11.30	15.	LPT/NHFT Group Chairs Highlight Report 10 January 2023	M	Chris Oakes
Quality Improvement and Compliance				
11.35	16.	Quality Assurance Committee Highlight Report - 20 December 2022	N	Moira Ingham
11.40	17.	CQC Update Including Registration	O	Anne Scott
11.45	18.	Safe Staffing Monthly Report (Oct & Nov 22)	P	Anne Scott
11.55	19.	Infection, Prevention and Control Report (6 monthly)	Q	Anne Scott
12.05	20.	Freedom to Speak Up Guardian – 6 monthly report	R	Pauline Lewitt
12.15	21.	Patient Safety Incident and Serious Incident Learning Assurance Report	S	Anne Scott
Performance and Assurance				
12.25	22.	Finance and Performance Committee Highlight Report – 20 December 2022	T	Alex Carpenter
12.30	23.	Finance Month 9 Report	U	Sharon Murphy
12.40	24.	Performance Month 9 Report	V	Sharon Murphy

12.50	25.	Charitable Funds Committee Highlight Report 6.12.22	W	Cathy Ellis
12.55	26.	Audit & Assurance Committee Highlight Report 9.12.22	X	Hetal Parmar
1.00	27.	Review of risk – any further risks as a result of board discussion?	verbal	Chair
	28.	Any other urgent business	verbal	Chair
	29.	Papers/updates not received in line with the work plan:	verbal	Chair
	30.	Public questions on agenda items	verbal	Chair
	31.	**Date of next public meeting: 28th March 2023**		Chair

Our Trust Board

As of December 2022

NHS
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
Managing director/deputy chief executive

Faisal Hussain
Non-executive director and deputy chair

Moira Ingham
Non-executive director

Hetal Parmar
Non-executive director

Prof. Kevin Paterson
Non-executive director

Ruth Marchington
Non-executive director and senior independent director

Alexander Carpenter
Non-executive director

Paul Sheldon
Chief finance officer*

Sharon Murphy
Executive director of finance

Samantha Leak
Executive director of community health services

Tanya Hibbert
Executive director of mental health

Helen Thompson
Executive director of families, young people and children's services and learning disabilities

Sarah Willis
Executive director of human resources and organisational development

Chris Oakes
Executive director of corporate governance and risk*

David Williams
Executive director of strategy and partnerships*

Dr. Saquib Muhammad
Interim medical director

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

B

Caseload Review

Cedars CMHT

Dr Zarina Anwar, Consultant Psychiatrist

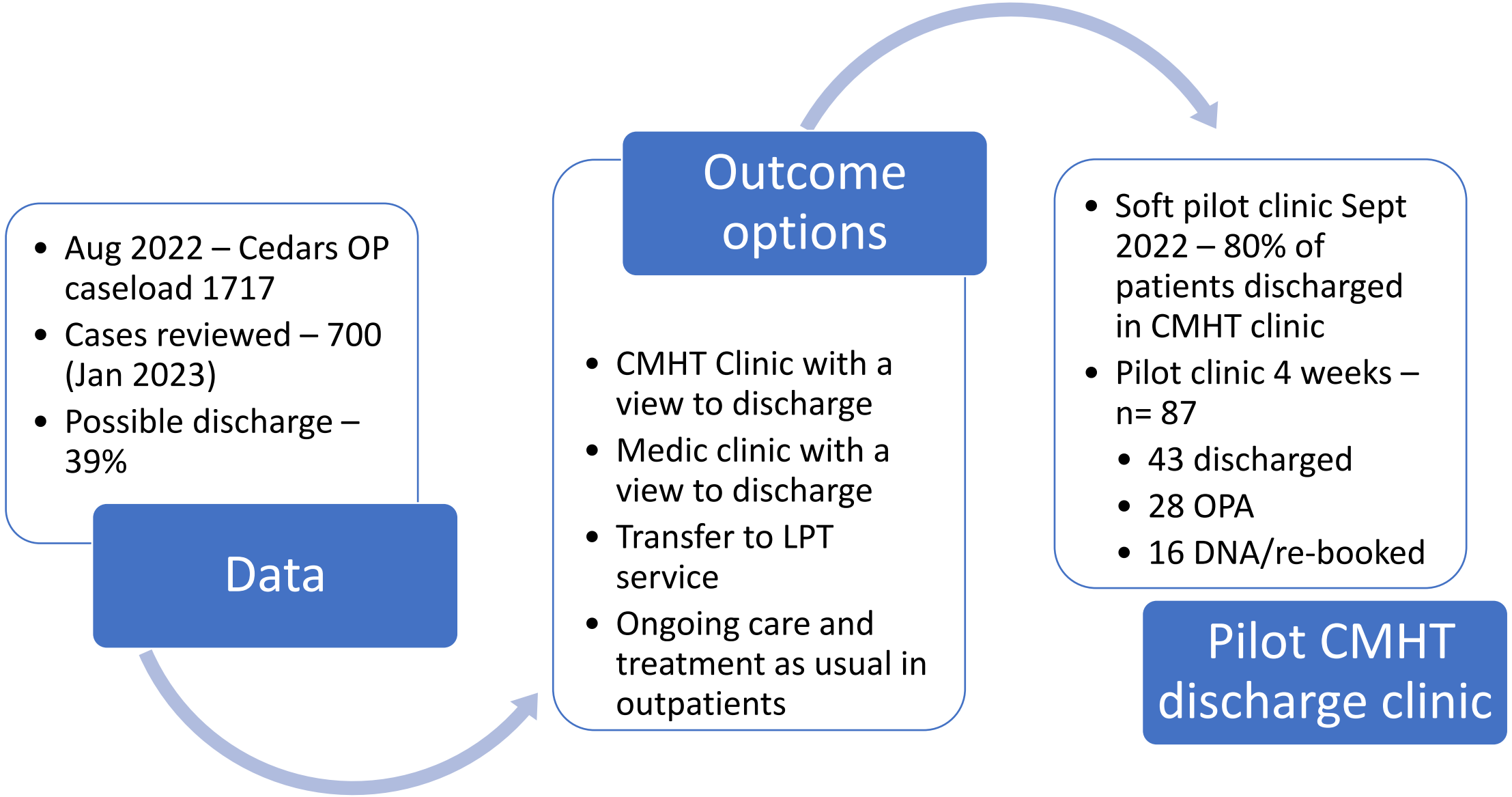
Olivia McClure, Interim Team Manager

Why now?

Patient safety & quality of care

High caseload numbers in outpatients

Retention and recruitment


Aug 2022 – Cedars OP caseload 1717
Cases reviewed – 700 (Jan 2023)
Possible discharge – 39%
Data
Outcome options
CMHT Clinic with a view to discharge
Medic clinic with a view to discharge
Transfer to LPT service
Ongoing care and treatment as usual in outpatients
Soft pilot clinic Sept 2022 – 80% of patients discharged in CMHT clinic
Pilot clinic 4 weeks – n= 87
43 discharged
28 OPA
16 DNA/re-booked
Pilot CMHT discharge clinic

Aligning with Transformation of Community Services

Ameliorate risks around workforce capacity, recruitment & retention and consequent effect on patient safety and quality of care

Improve patient experience: the right support the first time by increasing flexibility & flow

Shared caseloads based on patient need

Integrated working with wider health partners in the ICS & support in local neighbourhoods

Current position

- Clear outcomes from caseload review that align with transformation 1717 ⟶ 1630
- Implementation is resource intensive and dependent (& fragile with current pressures)
- Innovation with available resources: driven by senior clinicians with local knowledge
- Communication with patients and primary care
- Clinical risk mitigation key to long term success

Next Steps

Embedding the work & cultural changes within the integrated neighbourhood model

Iterative process to review caseloads across the service

Timescale vs resources

C

Leicestershire Partnership NHS Trust

Trust Board Public Meeting – 31st January 2023

Declarations of Interest Report - December 2022

Purpose of the report

This report is to detail the Trust Board members' current declarations of interests. The Trust uses an online system Declare and does not hold paper copies. Trust Wide declarations for all decision makers are available to view here:

https://lpt.mydeclarations.co.uk/home

Analysis

Board Member	Declaration	Reference	Date of Declaration
Angela Hillery CEO	Loyalty Interests - National Mental Health Programme Board	3295	7.11.22
	Loyalty Interests - Member of NHS Midlands Strategic Transformation & Recovery Board and supporting work group - Safe Restoration and Recovery of Services Group	3296	7.11.22
	Loyalty Interests - Sister employed by William Blake charity – homes for people with a Learning Disability	3297	7.11.22
	Loyalty Interests – East Midland Alliance	3045, 3298 & 3299	6.6.22
	Loyalty Interests – DHSC led working group on Covid psychosocial response	3044	6.6.22
	Loyalty Interests – National Mental Health Recovery Planning working group	3043	6.6.22
	Loyalty Interests – Member of one or more LLR Integrated Care System boards or other ICB fora and Northamptonshire ICB forums	3042	6.6.22
	Loyalty Interests – Member of Royal College of Speech & Language Therapists	3041	6.6.22
	Loyalty Interests – Executive Reviewer for Care Quality Commission	3040	6.6.22

	Loyalty Interests – shared CEO role with NHFT and LPT	256	21.10.19 - ongoing
Mark Powell Deputy CEO/Managing Director	Nil Declaration	3148	5.9.22
	Hospitality – Harvey Nash - Meal provided for a small group during NHS Confed conference (£50)	3102	15.6.22
Cathy Ellis Chair of the Trust	Loyalty Interests – Raising Health	3167	29.09.22
	Loyalty Interests – familial relationship with bank staff nurse	357	19.5.20 - ongoing
	Loyalty Interests – Sibson District Church Council - Treasurer	111	25.1.19 - ongoing
	Loyalty Interests – University of Leicester – Lay member of Council & Finance Committee	109	25.1.19
Alexander Carpenter NED	Outside Employment – Natwest group - Head of Business Planning, Commercial & Institutional Banking	3104	17.7.22
Hetal Parmar NED	Outside Employment – Financial Services Santander UK	3144	24.8.22
	Outside Employment – The Mead Educational Trust	3143	9.7.22
	Outside Employment – Washwood Heath Multi Academy Trust	3097	9.7.22
Kevin Paterson NED	Outside Employment – University of Leicester Professor of Experimental Psychology	977	28.3.22 - ongoing
Moira Ingham NED	Outside Employment – University of Northampton Associate Lecturer in Nursing and Clinical Assessor at NMC Competency Test Centre	431	20.7.21 - ongoing
	Shareholdings and other ownership - Dingley Associates Ltd – 10 ordinary shares	433	20.7.21 - ongoing
Ruth Marchington NED	Loyalty Interests – National Lottery Community Fund External member on Audit and Risk committee	349	4.3.20 - ongoing

Faisal Hussain NED	Loyalty Interests – Raising Health	3200	1.11.22
	Loyalty Interests – Spinal Injuries Association Enterprise Company Director	3146	25.8.22
	Loyalty Interests – APNA NHS Network member	909	24.2.22 - ongoing
	Loyalty Interests – Member of the Disabled NHS Directors Network & Member of Steering Group.	910	24.2.22 - ongoing
	Loyalty Interests – Spinal Injuries Association Trustee and Company Director	912	24.2.22 - ongoing
Chris Oakes Director of Governance & Risk	Outside Employment – Joint Role as Director of Governance and Risk for LPT and Director of HR & OD for NHFT.	892	10.2.22
David Williams Director of Strategy & Partnerships	Loyalty Interests – Trustee for LPT Charity Raising Health	3138	16.8.22
	Outside Employment – Northamptonshire Healthcare NHS Foundation Trust - Director of Strategy & Partnerships with other trust in group	3137	16.8.22
Sarah Willis Director of HR	Nil Declaration	3136	16.8.22
Helen Thompson Director of FYPCLD	Loyalty Interest - Daughter is employed in FYPCLD - Executive Director has not been and will not be involved in the recruitment or direct management of the family member	3135	9.11.22
Sam Leak Director of Community Health Services	Nil Declaration	3148	5.9.22
Tanya Hibbert Director of Mental Health	Nil Declaration	3300	7.11.22
Sharon Murphy Director of Finance	Loyalty Interest – Raising Health	3191	14.10.22
	Nil Declaration	3141	19.8.22
Anne Scott Director of Nursing	Nil Declaration	3135 & 3134	18.8.22

Saquib Muhammad Interim Medical Director	Nil Declaration	3313	8.11.22
Paul Sheldon Chief Finance Officer	Outside Employment - Northamptonshire Healthcare FT - Joint role with LPT and NHFT	3139	17.8.22

Decision required

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

Governance table

For Board and Board Committees:	Public Trust Board 31st January 2023	
Paper sponsored by:	Chris Oakes, Director of Corporate Governance and Risk	
Paper authored by:	Sonja Whelan Corporate Affairs Office	
Date submitted:	12.01.23	
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):	NA	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	NA	
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 at Trust Board	
STEP up to GREAT strategic alignment*:	High **S**tandards	✓
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	✓
	Reaching Out	
	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	NA	
Equality considerations:	NA	

D

Leicestershire Partnership NHS Trust

Minutes of the Public Meeting of the Trust Board
29th November 2022 - Microsoft Teams Live Stream

Present:
Cathy Ellis, Chair
Faisal Hussain, Non-Executive Director/Deputy Chair
Ruth Marchington, Non-Executive Director
Moira Ingham, Non-Executive Director
Alexander Carpenter, Non-Executive Director
Hetal Parmar, Non-Executive Director
Kevin Paterson, Non-Executive Director
Angela Hillery, Chief Executive
Mark Powell, Managing Director/ Deputy Chief Executive
Sharon Murphy, Director of Finance
Saquib Muhammad, Acting Medical Director
Dr Anne Scott, Director of Nursing AHPs and Quality

In Attendance:
Sam Leak, Director of Community Health Services
Helen Thompson, Director Families, Young People & Children Services & Learning Disability Services
Tanya Hibbert, Director of Mental Health Services
Sarah Willis, Director of Human Resources & Organisational Development
Chris Oakes, Director of Governance and Risk
David Williams, Director of Strategy and Partnerships
Paul Sheldon, Chief Finance Officer
Kate Dyer Deputy Director of Governance and Risk & Trust Secretary
Sonja Whelan, Corporate Affairs Department (Minutes)

TB/22/164	Apologies for absence: Dr Avinash Hiremath Welcome: Dr Saquib Muhammad The Trust Board Members – Paper A
TB/22/165	Patient Voice Film - Healthy Together Children's Services – verbal Healthy Together is LPT's universal service for children and their families from 0-19 in Leicester City and 0-11 in Leicestershire and Rutland and focuses on early identification of health needs. The film 'Evie's story' was shown which documented access to the health visiting service and the benefits of ChatHealth. Feedback and complaints from other families were included and actions taken to improve were highlighted.
TB/22/166	Staff Voice - Healthy Together Children's Services – verbal Helen Thompson introduced the team who described their different roles. • Colin Cross, Service Group Manager, Looked After Children and Healthy Together • Miriam Johnson, Team Leader – Health Visitor • Debbie Saunders, Healthy Child Programme Nurse (School Nursing) • Deepa Joshi, Business Support • Carla Smith, Healthy Child Programme Practitioner (0-5) The team introduced themselves and described the service provision as part of their differing roles – developing clinical pathways, facilitating developmental assessments and clinics, delivering targeted areas according to families' individual needs in order to deliver individualised packages of care, partnership working and quality improvement..

	The team highlighted that universal and specialist clinics had returned to face to face and there was good attendance. There are concerns that the pandemic has set back the development of some children's readiness for school, but they were pushing public health messages to make lifestyle changes earlier. The team are driving quality improvement and are working closely with the City council to mobilise a section 75 contract for 0-11 in the City. The team learn from serious incidents via learning boards and video stories. The team felt that there was strong support from LPT for staff health and wellbeing. Angela Hillery thanked the team for their excellent work and asked if there was more that could be shared across LPT as an example of their partnership working - partnership working was embedded within the team with referrals to partners as part of the "best start for life" programme and there was good information sharing across all the LPT directorates.. Ruth Marchington queried whether those children who had missed their developmental reviews through covid were being picked up elsewhere - the 3 year developmental review was a tool to bridge that gap before school and there was specific follow ups to access families most in need. Moira Ingham asked if there were any developments in connecting with maternity services at UHL as that would be key to supporting those vulnerable families with newborns – it was confirmed that the service did have links with maternity at UHL but would value the support of the Board around the digital/electronic health record link as the midwifery/maternity department worked on a different platform and caused difficulty in sharing information. Anne Scott sighted Board on the mitigations in place to address the clinical risk. The Chair thanked the team for telling their story and for the great work they are doing to support families and children in LLR.
TB/22/167	Declarations of Interest Report – Paper B No further declarations to report. Resolved: The Board accepted the report for information.
TB/22/168	Minutes of the Previous Public Meeting: 27th September 2022 – Paper C Resolved: The minutes were approved as an accurate record of the meeting
TB/22/169	Matters Arising – Paper D Resolved: The matters arising were agreed as complete
TB/22/170	Chair's Report – Paper E The Chair presented the paper thanking all staff who showcased their outstanding work, it was good to hold the event in person and recognise the achievements of staff at the Celebrating Excellence event. Also highlighted the Together against Racism event which both NHFT and LPT Boards had attended and reinforced their commitment to be anti-racist organisations. Two examples were then given of great partnership working with Leicester City Council; the homeless charter and the veteran's allotment, with particular thanks expressed to the veteran lead Brendan Daly and veteran volunteer Mark Eyres. There is currently a fundraising appeal for Raising Health to provide presents for all inpatients this Christmas - the link is within the paper should anyone wish to donate. Resolved: The Board accepted the report for information.
TB/22/171	Chief Executive's Report – Paper F Angela Hillery introduced the paper and thanked all staff for going above and beyond to adapt and continue to manage increased service demand as well as thanking those who had completed the staff survey – 51% response rate which was above average. Salient points to note were highlighted as the Autumn position on finance and its implications, the number of awards which had been achieved through staff, in particular Dr Rachel Winter for receiving the Consultant Psychiatric Trainee of the Year Award and the finance team for winning 3 regional HFMA awards. Thanks were then expressed to those who supported the International Men's Day health and wellbeing events. Finally, in the media recently a focus

	had been on where care had not been acceptable in certain mental health environments; a Quality & Safety Review was being undertaken by James Mullins, joint Director of Patient Safety, in conjunction with Anne Scott to ensure we can be clear about our approach to closed cultures. The Chair mentioned the East Kent maternity report which was referred to in the Chief Executive's report and the key areas that all trusts can learn from. As a result, LPT will be taking a report to our Quality and Assurance Committee in December on the key learnings from that. Resolved: The Board received the report for information.
TB/22/172	Organisational Risk Register – Paper G Chris Oakes presented the paper asking the Board to note the risk changes and closures undertaken and the new risks for approval. Risk 88 (closed cultures) – Angela Hillery clarified the reason for this becoming a new risk was to be visible and transparent. We are clear on the actions we are taking in the quality and safety review. Risk 83 (restricted access/use of electronic patient record systems) – Ruth Marchington queried the number of gaps in controls and actions without completion. David Williams confirmed the date for all these actions is February 2023 with the principle that lots of small actions would resolve the problem. Risk 85 (agency use) – Moira Ingham asked if this had been reviewed given it showed green assurance on actions and evidence, but yet the finance report indicated a challenge and spend was not reducing. Sharon Murphy confirmed the risk was green because there was confidence the actions are being taken but at the moment spend reductions were not being seen, hence the finance report being different. The Chair queried three risks which were above the tolerance level. Chris Oakes confirmed that risks are constantly being assessed and reviewed particularly those above tolerance levels (risks 81, 85 and 86). Resolved: The Trust Board approved the changes to risk 67, the closure of risks 65 and 78 and approved the new risks 87 and 88.
TB/22/173	Documents Signed under Seal Quarter 2 report – Paper H Chris Oakes presented this report reiterating details within. Resolved: The Trust Board received and noted the contents of the report.
TB/22/174	Service Presentation – Healthy Together Children's – Paper I The powerpoint presentation in the Board papers pack was shared by Colin Cross, Service Group Manager for Looked After Children and Healthy Together. He gave an overview of 200,000 children's population, focus on areas of deprivation, national policy driver (best start for life), developing family hubs at neighborhood level, Leicestershire and Rutland contract for 0-11, the transfer of 11+ services and the challenges of "was not brought" being addressed through quality improvements which looked at distance to travel to clinic. He described the new 0-11 offer for families and confirmed that the Leicestershire and Rutland transfer of 11+ services to the council had taken place safely and all staff had been retained in LPT as part of the Healthy Together team. Colin Cross outlined the development of the Single Point of Access which will go live in 2023. He highlighted the City council partnership arrangement under a section 75 agreement where they are working together on a joint specification. This will go out to public consultation in January 2023 and the new service will go live on 1st October 2023. Faisal Hussain queried how health inequalities were managed given the differences between the County and City and how well partners are involved - if children are to be given the best start in life, it is about equity of service and following where the greatest need is... Colin responded that demographics expertise was available within his team but also within the Public Health Department at the Local Authority. Public Health have registrars who are always looking for health inequality projects and that resource should be

	used to its maximum. Faisal Hussain also asked how the team implements and understands the different cultures given that we have some of the most diverse communities in the UK within Leicester City and Leicestershire. It was explained that neighborhood working, working with interpreters and understanding the communities and its challenges was how this issue was addressed. Ruth Marchington referred to the performance slide in the presentation and asked whether cohorts of children that were missed completely were being picked up given that some of the Healthy Together teams are flagged as an area of concern in the safer staffing report. Colin reassured the Board that within the standard operating procedure some vulnerability factors had been developed around each of the contacts – a significant review is undertaken of health records for all contacts and if somebody doesn't turn up for an appointment they are always followed up and re-offered another appointment. In addition, letters are interpreted into different languages via a QR code scanner. The new single point of access will enhance our contacts with families. Helen Thompson recognised the cultural intelligence of the team and confirmed that we want to recruit a diverse workforce to reflect our population. The Chair thanked Colin for his presentation, his personal leadership and the achievements of the team.
TB/22/175	Group Model Year 1 Review – Paper J Chris Oakes presented the paper which was an annual update on the effectiveness of the Group Model. Good progress had been achieved within the strategic programmes for year one, with 70% of plans rated as green with all year one objectives delivered. The remaining 30% of plans had partially delivered year one objectives, with one or more ongoing or carried forward into year two. The eight strategic priority programmes remained in place and are in year two of a three-year delivery programme. There are joint roles across both trusts and the Group has been showcased at NHS Providers. The Joint Working Group effectiveness review was seen as positive and the administration has been taken into the corporate governance function moving forward. The Memorandum of Understanding has slight amendments which are shown as track changes in the report. Faisal Hussain felt the LPT/NHFT Board discussions on the Together Against Racism and strategic framework for the Group at the recent joint board workshop was positive and he was looking forward to the outputs from that day. Angela Hillery added that when the group model was introduced it was to embrace opportunities to further realise the benefits of a combined approach to key strategic issues and to support individual organisations to be the best they can be and although we may see increased joint roles, the two organisations will not merge. Resolved: The Trust Board approved the report
TB/22/176	LPT-NHFT CiC Joint Working Group highlight reports – Paper K Chris Oakes presented the paper provides assurance on the progress of the Group model, strategic priories, governance framework and other work streams. Resolved: The Trust Board approved the reports and were assured of progress.
TB/22/177	People Plan 6 Monthly Update - Paper L Sarah Willis presented the paper to update Board on progress made against the planned actions in our People Plan under the four domains; Looking after our people, belonging to the NHS, new ways of working and growing for the future. Engagement continued with staff (staff survey 51% response rate), communications change champions had been recruited, huge amounts of work around health and wellbeing specifically around financial health and wellbeing support being offered. Health and wellbeing roadshows had taken place which ensured offers were reaching frontline services and these would continue into 2023. The People Exemplar programme work will continue until March 2023, this has focused on staff retention and a flexible working employment offer. The workforce and

	Agency Reduction plan had been signed off, the Group work around Together against Racism continues and the 'Our Future Our Way' inclusion programme was re-launched which saw an extra 60 change leaders being recruited. The recent launch event had over 100 attendees. The change leaders are representative of the workforce across the organisation, both clinically and non-clinically, and will be working with us to deliver the People Plan and initiatives. Health & Wellbeing Guardian Update The Chair reported she had engaged in national, regional and trust health and wellbeing calls which enabled connection with other health and wellbeing guardians. We are working to understand staff insight, impact and outcomes of our health and wellbeing offer. The National Health and Wellbeing Framework wheel, included in the report, was being used as our next step in strategic development to create a health and wellbeing culture. The Chair emphasised that this is everyone's business and managers should be role modelling, especially on the basics of a good working day. Faisal Hussain requested, in addition to planned actions and achievements, that future presentations include details on the impact and how it is being measured within the Trust. Also, having attended a recent national conference about diverse interview panels, he queried the value and purpose of those panels not just around race issues but around the broader protected characteristics eg disability and LGBTQ+ and asked what we were doing to ensure they were not just 'tokenistic'. Sarah Willis confirmed that all diverse panel members were recruited and given developmental training but acknowledged the valid point raised and would feedback through the EDI staff networks as this was continuous learning which needed to be taken forward. Angela Hillery asked what success would look like and how, as a Board it would be good to see the data around the work being undertaken in future reports to ensure it is achieving the required results. **Resolved:** The Trust Board received the report and noted progress against actions outlined.
TB/22/178	Quality Assurance Committee Highlight Report – 25th October 2022 – Paper M Moira Ingham presented the paper confirming there were a number of areas of medium assurance which had actions in place to deliver. The performance report discussion focused on workforce and associated challenges. Due to the levels of pressure ulcers there would be a deep dive into the action plan in December. Assurance was offered to the Board around the closure of risk 80 (staff unvaccinated against flu) which was guided by the mitigations in place and will be monitored by the CQUIN metric. **Resolved:** The Trust Board received the report for assurance.
TB/22/179	CQC Update Including Registration – Paper N Anne Scott presented the paper which provided assurance on the compliance with the CQC fundamental standards, an update following the CQC inspection of the Trust over May/June/July 2021 and the reinspection in February 2022. All must do actions are completed and the dormitory programme remains on track. There have been 9 mental health act inspections and learning boards are in place. There has been a SEND inspection and feedback is awaited. LPT is using a self-assessment quality accreditation model to focus on high standards of care. . **Resolved:** The Trust Board received the report for assurance.
TB/22/180	Safe Staffing Monthly Report (Aug & Sept) – Paper O Anne Scott presented the paper focusing on September as the latest report. Salient points highlighted were:- • Temporary worker utilisation rate increased this month; 0.86% reported at 43.35% overall and Trust wide agency usage slightly increased this month by 1.32% to 20.45% overall.

	• In September 2022; 29 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 90.62% of our inpatient Wards and Units, changes from last month include Welford and Ellistown wards. • Reduction in falls incidents • Increase in number of medication incidents for the community hospital wards • Number of category 2 pressure ulcers developed in our care had decreased • Registered Nurse vacancy position remains at 446.3 WTE (22.8% vacancy rate) • Staffing remained challenging though the people promise exemplar work was focused on retention and we are supporting staff health and wellbeing. Faisal Hussain queried the evidence to support the statement around that there was no correlation between staffing and incidents - Anne Scott would consider how best to present the evidence in future. Ruth Marchington queried the increase in sickness levels which at 6% was above the trust target of 4.5% as this was a concerning upward trajectory. Anne Scott advised that sickness was being well managed at directorate level and as we are going into winter all the directorates were constantly monitoring sickness absence and proactively addressing. Tanya Hibbert added that in mental health services staff health and wellbeing and sickness is being picked up in supervision discussions. Anxiety is the biggest reason for sickness and the Chair highlighted that the LLR Mental Health Hub is available to all staff for free and confidential support. **Resolved:** The Trust Board received the report for assurance that processes are in place to monitor staffing levels and to mitigate the risk of impact to patient safety and care quality.
TB/22/181	Patient Safety Incident and Serious Incident Learning Assurance Report – Quarter 2 Report – Paper P Anne Scott presented the paper which provided an update on the adoption of the new Patient Safety Incident Response Framework (PSIRF) and provided assurance with overall incident management systems and Duty of Candour compliance, processes and lessons learnt. The PSIRF is a new approach to responding to patient safety incidents and will replace the current serious incident framework - implementation across trusts nationally is expected to take about a year. The framework represents a significant shift in the way that the NHS responds to patient safety incidents. Challenges continued with investigation compliance timescales and pressure ulcers; however improvement plans are in place. There was an increase in moderate self-harm incidents for patients in crisis and we are using a Human Factors approach to this. The check and search policy has been reviewed with teams and we are learning from incidents where patients have secreted items. We have trialed body worn cameras and the feedback has been positive from staff so this will be further rolled out. In reference to Bob's story in the pack, which is helpful to hear and learn from, the Chair wondered whether the film could be shared with Board and with regard the to tissue viability team, the Chair was aware they were starting to undertake more face to face training on pressure ulcers in the community so was hopeful that would have an impact on the challenges being seen. Faisal Hussain asked if there was any best practice around the country which LPT could learn from in respect of pressure ulcers and whether the issue around equipment delays was outside of trust control – Anne Scott confirmed that some of the work being undertaken was to look at other trusts nationally and how they managed their pressure ulcers within the community and explained the national shortage of equipment of the repositioning element of hospital beds and mattresses. Sam Leak added that CHS have conducted a thematic deep dive into the reasons why pressure ulcers had peaked in August at 108 but the trend had now reversed to 75 in October. LPT benchmark on average nationally and she confirmed that there was strong ownership of action plans in CHS> In response to Angela Hillery's question about involving other clinical leaders, Anne Scott

	confirm that pressure ulcers were a system concern as well as an internal concern and that through the forums which she and the Medical Director sat on, these concerns were being picked up. **Resolved:** The Trust Board received the report for assurance.
TB/22/182	Patient and Carer Experience and Involvement Quarter 2 Report – Paper Q Anne Scott presented the paper confirming that thanks to the hard work of staff focusing on management of complaints, Q2 saw a reduction compared to last year. There had been an increase in complaints for FYPC/LD regarding waiting times for assessment appointments for ASD and ADHD within community paediatrics and CAMHS. Complaint management processes had developed a new initiative called 'message to matron' where boxes are placed in clinical areas for patients and staff to be able to raise issue anonymously. There was an improvement in how compliments are recorded. The non-binary and transgender policy had been signed off. Finally, congratulations were offered to the Youth Advisory Board Members Leanne and Georgia who were successful winners in the category of excellence in involving patients and service users at the recent Celebrating Excellence Awards. The Chair felt it would be helpful to link the actions in the report to the outcomes / impact so that it is clear how the results of patient feedback and involvement are being measured. **Resolved:** The Trust Board received the report for assurance
TB/22/183	Learning From Deaths Quarter 2 Report – Paper R Saquib Muhammad presented the paper and highlighted the demographic information within the report had not captured the full scope of protected characteristics as well as it should, and it was hoped to be able to improve reporting in coming months and also that CHS no longer have a backlog now the medical examiner system is fully embedded. Faisal Hussain asked, and Saquib Muhammad agreed that the issue around demographic information is taken back into the system. Ruth Marchington asked how deaths were reviewed as part of consultant's performance to see if there were any patterns emerging. Saquib Muhammed advised that this forms part of every consultants annual appraisal. **Resolved:** The Trust Board received the report for assurance.
TB/22/184	Annual Flu Plan – Paper S Anne Scott presented the paper which provided an update on progress on the trust wide flu plan and the offers to facilitate all staff to have the vaccine. Our current performance is now 45% uptake and the communications messages are emphasising the importance of flu jabs as part of our safety first culture. **Resolved:** The Trust Board received the report for assurance.
TB/22/185	Finance and Performance Committee Highlight Report – 25th October 2022 – Paper T Alexander Carpenter presented the paper confirming no material changes from the paper presented previously and there were no escalations to highlight at this point. Salient points of note – the committee continues to take low assurance around financial performance due to the risk of deficit and mitigating actions - capital Investment is behind plan but assurance was received around the year end outturn forecast. High levels of assurance around emergency preparedness, resilience and response and the EPRR core standards review has now been submitted to NHSE for 2022/23. There continued to be increased pressures in improving access to wait times but significant work was underway to address this. The committee continued to take medium assurance around the ongoing waiting times activity and low levels of assurance for delivery. The CQC action plan from an estates perspective offered high levels of assurance from the work underway. **Resolved:** The Trust Board received the report for assurance.
TB/22/186	Finance Monthly Report – Month 7 – Paper U Sharon Murphy presented the paper confirming that income and expenditure was reporting a £2.2m deficit which was £800k away from plan. Month 7 position benefits from £1.7m of income around service development funding, this income was already factored in

	the forecast outturn. The operational position of DMH £3.3m overspend, LD/FYPC/CHS all reporting around £100k overspend and have all decreased their run rates. Enabling/estates and hosted services are all underspending. Pay award impact for LPT is £139k shortfall. The ICB is reporting a £33m gap which all partners working to mitigate. Forecast outturn for LPT is £5.2m deficit. Agency spend is £2.7m in Month7 - forecast outturn for agency £33m, we are continuing to undertake deep dives particularly around DMH to understand the cause of increases and look at solutions. The cost improvement performance is performing well with efficiencies meeting target. Better payment practice code is delivering above 90%. Generating higher interest returns on cash in bank account is supporting the financial position. Capital is an £8m year to date spend excluding leases (41% of budget) and this will accelerate towards the year end to achieve forecast. An extra allocation has been received from the system and this will be used to reverse schemes that had previously been deferred. The Chair welcomed the deep dive into agency in DMH. Resolved: The Trust Board received the report for assurance and noted the plans within.
TB/22/187	Performance Report – Month 7 – Paper V Sharon Murphy presented the paper confirming there had been another increase in hospital acquired infections with 37 Covid cases post 15 days. In DMH complete performance there had been improvements in adult community health mental health teams, memory clinics and ADHD. Incomplete improvements in community mental health teams and is stable in memory clinic and ADHD but currently only 0.2% in ADHD. CHS - stroke service improved, continence decreased - both services on target for their improvement trajectories. FYPC – CAMHS Eating Disorder urgent treatment increased, routine has decreased in order to prioritise urgent cases. Children and young people access has decreased although high levels of referrals received. 52week wait – positive to see Cognitive Behavioural Therapy performance has decreased around long term waits. All metrics are picked up through the directorate performance reviews which are now part of the executive management board approach. Work progressing around the refresh of the new performance report. The Chair asked about missing data for CQUINS and queried why no national data was available for some of the key measures. Sharon Murphy clarified that CQUIN data hadn't changed since Q1 but this would be included for future and Q2 data will be available next time. National data is within NHSE control and as soon as that was available it would be reported again. Sharon Murphy also confirmed the formatting of the report was being looked to make it more readable. Hetal Parmar asked about the causes for delayed discharges – Sharon Murphy explained this was often due to complex cases where we rely on our partners to find the right package of care. Conversations have been taking place with local authorities about working more effectively and streamlining our flow and discharge processes. LPT is around the national benchmark for length of stay and numbers of beds per 100,000 population. Re-admissions are below the national benchmark. Angela Hillery noted that LPT was in segment 2 for NHSE System Oversight Framework (SOF) rating and we were engaging with system partners on this. Resolved: The Trust Board received the report for assurance noting areas for improvement.
TB/22/188	LPT Gender Pay Gap Annual Report 2021/22 – Paper W Sarah Willis presented the paper which detailed benchmarking information across other trusts similar to LPT. Within the report there is an action plan which the Board is being asked to endorse. Faisal Hussain recognised the complexities but asked why have got to a position where the gender pay gap had not been eradicated. Discussion took place over reasons; working

	patterns, male -v- female, women more likely to be in lower pay bands, men more likely to be working as consultants, clinical excellence awards for consultants – these are all key things that affect the figures. It was acknowledged there was more to do including the encouragement of more females to apply for roles where males had higher headcount.. It was noted that the national clinical excellence awards are held for a long period of time and the local awards are part of a national contract and since covid LPT has distributed equally rather than the process of awarding – something which the trust is contractually obliged to do. The last consultant recruited to the trust was female but medical recruitment did remain a challenge. Angela Hillery questioned whether there was enough in the action plan to cover the disparity around admin posts – there was the 'our future our way' programme of work to support admin professionals but Sarah Willis would feed back. **Resolved:** The Trust Board received the report and approved for publication.
TB/22/189	Charitable Funds Committee Highlight Report – 26th October 2022 – Paper X (CE) Cathy Ellis presented the paper highlighting one risk around holding all cash funds in one bank account – the finance team have looked into this on a cost vs benefit basis– at this stage it is not proposed to shift cash but instead, to actively manage the risk. The Dementia friendly garden has been completed, staff room upgrades completed, more legacies have been received for St Lukes and Coalville hospital so there is good support from the public and donors. Overall the charity is making a significant difference to our staff health and wellbeing. Angela Hillery recognised the importance of having a dedicated charity for LPT as it directly supported our objectives. **Resolved**: The Trust Board received the report for assurance.
TB/22/190	Charitable Funds Annual Accounts 2021/22 – Paper Y (CE) Cathy Ellis presented the report which was required to be presented at Board on an annual basis prior to submission to the Charity Commission. **Resolved**: The Trust Board received the report and approved for submission to the Charity Commission.
TB/22/191	Audit and Assurance Committee Highlight Report 2nd September 2022 – Paper Z (Hetal Parmar) Hetal Parmar presented the paper confirming one amber risk around cyber security following the results of an internal simulation exercise . He thanked the Executives for achieving 100% follow up rates on internal audit actions. **Resolved**: The Trust Board received the report for assurance.
TB/22/192	Review of risk – any further risks as a result of board discussion? Highlighted throughout the meeting was agency staffing and staffing pressures and these are being monitored through regular risk reviews
TB/22/193	Any other urgent business No other business was raised.
TB/22/194	Papers/updates not received in line with the work plan: All papers received.
TB/22/195	Public questions on agenda items One question from a PhD student looking for participation in their study and we have pointed them to the normal route for research studies to engage with our staff.
Close - next public meeting: 31st January 2023	

E

Leicestershire Partnership NHS Trust

TRUST BOARD 31st January 2023

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)
959	22/136	FM workstream closure report to FPC	KD	23.01.23	Submitted to December FPC. Complete
960	22/171	East Kent Maternity report to QAC	KD	23.01.23	Received at December QAC. Complete
961	22/172	Risk above tolerance level to be reviewed and commented upon in next ORR report	KD	23.01.23	Included in ORR report. Complete

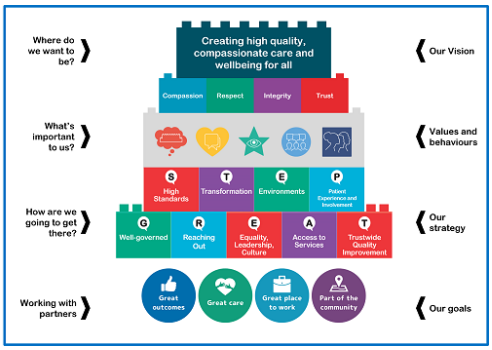
F

Trust Board – 31 January 2023 - Chairs report

Leicestershire Partnership NHS Trust

Purpose of the report

Chairs report for information and accountability, summarising activities, and key events
From 29 November 2022 to 31 January 2023



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

Hearing the patient and staff voice	• The Chair and Non-Executive Directors have been on Boardwalks to meet staff and patients in frontline services. We have visited the following areas: o Community Mental Health Team – City West o The Homeless Mental Health Team - City o Mental Health Act office o Langley ward o Phoenix ward o Belvoir ward o Central Access Point
Connecting for Quality Improvement (QI)	• Attended the Joint committee in common for the LPT / NHFT group where we received updates on 2 of our strategic priority areas : Research and Innovation and our Together Against Racism work. We also discussed QI opportunities and delivering value in healthcare • Joint Board development session with NHFT board which included a briefing from the CQC and 6 knowledge cafes to showcase recent examples of shared learning in patient safety, frontline services and corporate services. • Attended LPT's foundations for great patient care meeting
Promoting Equality Leadership & Culture	• The LPT/NHFT boards connected for the second joint session on Together Against Racism. • Two 1:1 meetings with my cultural competence buddy • Presented at the MAPLE (Mental and Physical Life Experience) staff network to talk about my experience and learnings from being mentored by a disabled member of staff • Attended the Midlands Region Health & Wellbeing (HWB) Guardians network meeting this was supported by the national team and focused on assessing the impact of our HWB actions, visible leadership and supportive communications. • Meeting with Freedom to Speak Up Guardians to review activity and high-level themes reported by LPT staff

Building strong Stakeholder relationships	LLR Integrated Care System: • Attended LLR Integrated Care Board (ICB) meetings which covered the current operational, financial, and quality priorities for the Integrated Care System (ICS) • Attended the ICB development session which focused on risk management for the ICB • Chaired the monthly LLR ICS Finance Committee meetings focusing on 2022/23 revenue spend, capital programme, medium term financial plan, transformation, and key risks. • 1:1 meetings with David Sissling Chair of LLR ICS and John MacDonald Chair of UHL • Part of the stakeholder panel for the recruitment of the LLR ICS Chief Financial Officer Other stakeholders: • Attended the City Health & Wellbeing Board featuring Leicester's health care & wellbeing strategy; inequalities in maternal mortality; health for children and young people; and meeting the needs of complex people. • Meeting with Healthwatch to discuss LPT strategic and operational updates • 1:1 with Mark Farmer from Healthwatch. • Attended University of Leicester Council meeting and Finance Committee meeting
Good Governance	• LPT Board development session held on 13 December which focused on governance and being a well-led organisation; patient experience and involvement; health inequalities in LLR; an update on the progress and achievements of the LLR Integrated Care System. • Meeting with KPMG our auditors to discuss key risk areas in LPT • Chaired the team meeting for our 10 Mental Health Act Managers where we discussed ways to improve our patient panels • Chaired LPT Consultant interview panel
Raising Health LPT's Charity	• Chaired the Charitable Funds Committee meeting • We are working closely with the Health & Wellbeing team to provide extra wellbeing support for our staff. • Our current fundraising appeals are detailed on our website https://www.raisinghealth.org.uk/

Abbreviations:

NHSE = NHS England

LLR = Leicester, Leicestershire & Rutland

ICS = Integrated Care System; ICP = Integrated Care Partnership; ICB = Integrated Care Board

NHFT = Northamptonshire Healthcare Foundation Trust

UHL = University Hospitals of Leicester

Governance table

For Board and Board Committees:	Trust Board 31 January 2023	
Paper sponsored by:	Cathy Ellis	
Paper authored by:	Cathy Ellis	
Date submitted:	20 January 2023	
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	X
	Patient Involvement	X
	Well **G**overned	X
	Reaching out	X
	Equality, Leadership, Culture	X
	Access to Services	X
	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	

Leicestershire Partnership NHS Trust

G

Trust Board 31 January 2023
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

Mental health services boosted by £150 million government funding

As announced on 23 January 2023 minister Maria Caulfield, the government's mental health spend will increase in the coming financial year which is expected to account for 8.92% of total recurrent spend.

The government is investing £150 million of capital in NHS mental health crisis response and urgent and emergency care services up to April 2025. This includes £7 million for the procurement of specialised mental health ambulances, with the remaining £143 million being used to provide new and improve existing mental health crisis response infrastructure. This includes schemes such as crisis cafes, crisis houses and crisis hubs. Step-down services, mental health urgent assessment and care centres, crisis line upgrades and improvements to health-based places of safety and emergency department spaces are also being funded.

Winter pressures, Coronavirus COVID-19, Influenza, Strep A and Monkeypox

It will not have escaped your notice that the NHS is currently experiencing a period of extreme pressure, which is felt most acutely in our urgent and emergency care pathway. NHS England's (NHSE') urgent and emergency care situation report for the week ending 1 January 2023 shows that, across the country, there are more hospital beds open now than at this point last year and occupancy, whilst high overall, is very slightly lower than last year. Of the issues highlighted in the report, ambulance handovers and the rate of discharges are two of the more significant. Nationally, nearly 44% of ambulance handovers (i.e., where patients are transferred from the ambulance to the hospital team) were delayed by 30 minutes or more with c 55k hours lost to ambulance services. Around 20k patients each day remained in hospital who did not meet the criteria to reside there. Whilst staff absence contributes to the pressure experienced in urgent and emergency care services, total absences had reduced slightly on the previous reporting period. NHS 111 answered the second highest number of calls ever in a week and primary care (GP) services equally saw increased demand. The report presents a challenging picture countrywide.

Across the country during December 2022, hospitals saw increased admission rates and demand for intensive care from people with influenza ('flu') – older people but also children under the age of five in particular. Overall vaccination levels are similar to those in the previous year but uptake amongst 2 to 3 year olds is below the level seen in previous seasons (39.9% compared to 42.3%).

Like flu, COVID-19 continues to circulate at high levels having increased in prevalence during December. With China experiencing its largest COVID-19 outbreak, and due to 'a lack of comprehensive health information' shared by China, the Government has temporarily reintroduced the requirement for travellers from China to show notification

of a negative COVID-19 pre-departure test result and some passengers will be invited to take a voluntary test on arrival to monitor for potential new COVID-19 variants. The situation remains under review.

Whilst unusual for this time of year, Group A streptococcal infections ('Strep A') and related scarlet fever infections remain high. Between September and the end of December 2022, national figures show there have been 35,616 notifications of scarlet fever compared to 4,192 in the same period during the 2017/18 financial year (regarded as a comparably high season). Although invasive group A strep (iGAS) infections are rare, rates are currently higher than normal with the majority of cases seen in those over 45 years. However, most Strep A and scarlet fever infections are treatable with antibiotics. For more information on either Strep A or scarlet fever please see the NHS website.

The UK Health Security Agency (UKHSA) has published the UK's plan to continue to reduce Monkeypox transmissions over the next 12 months, building on work undertaken to reduce cases in 2022. As at 6 December 2022, cases had reduced to 5 per week compared to 350 per week in July. The UK's plan involves eight key actions. For more information please see the Government website: https://www.gov.uk/government/publications/mpox-monkeypox-control-uk-strategy-2022-to-2023.

On 7 January 2023, clinical leaders, health experts and ministers convened in Downing Street for an NHS Recovery Forum hosted by the Prime Minister. It focussed on social care and delayed discharge, urgent and emergency care, elective (planned) care, and primary care. Additional funding to speed up hospital discharge, rolling out virtual wards, opening community diagnostic centres and growing the NHS workforce are amongst the actions the Government has taken to date to support the NHS.

Following the Recovery Forum, on 9 January, the Government announced a further c£250m (on top of the £500m already committed) would be available to local authorities and integrated care boards to speed up safe discharge from hospital into social care. The additional funding is expected to free up 2,500 hospital beds by the end of March by funding short term care placements of up to four weeks per patient. Further details on how the funding will be allocated are expected. For more information please see the Government website: https://www.gov.uk/government/publications/adult-social-care-winter-statement-2022-to-2023/our-support-for-adult-social-care-this-winter#contents.

Alongside work on urgent and emergency (or 'non-elective') care, the Government has established an Elective Recovery Taskforce to help the NHS deliver on waiting list targets. Plans include introducing 19 new community diagnostic centres and unlocking spare capacity in the independent sector. The Government notes that two-year waits for treatment have been virtually eliminated already; it plans to eliminate 18-month waits by April and waits of longer than a year by March 2025. For more information please see the Government's website: https://www.gov.uk/government/news/government-turbocharges-efforts-to-tackle-covid-backlogs.

Autumn Statement 2023

On 17 November 2022, the Chancellor delivered his autumn statement confirming the Government's priorities as stability, growth and public services. He described how the Government will ensure that national debt falls as a proportion of the economy over the medium term, leaving more money to invest in public services; support the Bank of England's action to control inflation; and give businesses the stability and confidence they need to invest and grow in the UK.

Representing a reversal of the measures in the Growth Plan 2022, the statement describes further steps the Government will take on taxation and spending. On taxation, the statement confirms that those on the highest incomes and those making the highest profits will be asked to make a larger contribution. On spending, the statement confirms that total department spending will grow in real terms at 3.7% a year on average over the

Spending Review period with departments expected to identify savings to manage pressures from higher inflation supported by an Efficiency and Savings Review.

The NHS, social care and schools were highlighted as the Government's priority. £8bn funding is being made available to the NHS and adult social care in England in 2024-25, of which £3.3bn is earmarked to respond to the significant pressures facing the NHS, enabling rapid action to improve emergency, elective and primary care performance and introducing reforms to support the workforce and improvement performance across the health system over the longer term. £4.7bn will be allocated to adult social care to put the system on a stronger financial footing and improve the quality of and access to care for many of the most vulnerable in society. £1bn of this package will be targeted to directly supporting discharges from hospital into the community to support the NHS.

For more information on the autumn statement, please see the Government website: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1118417/CCS1022065440-001_SECURE_HMT_Autumn_Statement_November_2022_Web_accessible__1_.pdf.

Planning for 2023/24

On 23 December 2022, NHSE published its planning guidance for the 2023/24 financial year in which it confirmed its three tasks to recover core services and productivity; make progress in delivering the key ambitions in the long term plan; and continue transforming the NHS for the future. NHSE confirmed it would be issuing two-year revenue allocations to Integrated Care Boards (ICBs) for 2023/24 and 2024/25, which are 'flat' at a national level in real terms with additional funding available to expand capacity. In addition to existing capital allocations, £300m will be made available nationally, with funding prioritised for systems that deliver agreed budgets in 2022/23. ICBs and NHS provider organisations are expected to work together to plan and deliver a balanced net financial position in collaboration with other ICS partners.

NHSE is asking ICBs to work with their system partners to develop plans to meet national objectives and local priorities set by systems. These plans should be triangulated across activity, workforce and finance and should be signed off by ICB and partner Trust/Foundation Trust Boards before the end of March 2023.

In addition to an operational plan for the year, ICBs are also asked to develop five-year joint forward plans building on existing system strategies and place plans. These forward plans should be fully aligned with the wider system partnership's ambitions; support subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments; and be delivery-focused, including specific objectives, trajectories and milestones as appropriate. NHSE expects there to be close engagement with partners on the development of these plans. Whilst NHSE expects forward plans to have been developed by the end of March, it is allowing consultation on further iterations to continue after that date, prior to the plan being finalised in time for publication and sharing by 30 June.

For more information on NHSE's operational planning guidance, please see NHSE's website: https://www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance/ and https://www.england.nhs.uk/publication/joint-forward-plan/.

Health and wellbeing boards: guidance

On 22 November 2022, the Department of Health and Social care published the final version of its guidance for Health and Wellbeing Boards (HWB) in response to the new architecture introduced to the health and care system by the Health and Care Act 2022 – i.e., Integrated Care Boards and Integrated Care Partnerships (ICBs and ICPs respectively).

The guidance confirms that HWBs will continue to play an important role in instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally. Designed to support ICB and ICP leaders, local authorities and HWBs to understand how they should work together to ensure effective system and place-based working, the guidance sets out the role and purpose of health and wellbeing boards, and the relationship between health and wellbeing boards and integrated care systems.

To access the final guidance please see the Government website: https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance.

NHS England board appointments

On 4 January 2023, NHS England announced the appointment of three new Board members - Baroness Mary Watkins, Professor Sir Simon Wessely and Professor Sir Mark Walport. Baroness Watkins is an international expert in nursing and healthcare delivery; Professor Sir Simon Wessely is Regius Professor of Psychiatry at King's College London and has worked as a clinical psychiatrist, specialising in general hospital psychiatry, for the past 35 years; and Professor Sir Mark Walport is Honorary Distinguished Professor of Medicine at Imperial College London, Chair of Imperial College Academic Health Sciences Centre Partnership Board, and Chair of Imperial College Health Partners. For more information on NHS England's Board, please see the NHSE website: https://www.england.nhs.uk/about/nhs-england-board/.

Changes to NHS pension rules

On 5 December 2022, the Government announced plans to amend NHS pension rules to retain more experienced NHS clinicians and remove barriers to staff returning from retirement. It expects plans to enable staff to work more flexibly up to and beyond retirement age, protecting them from excessively high tax charges. As a consequence, the Government expects plans to boost the NHS workforce. Plans are subject to consultation, which closes on 30 January 2023. For more information please see the Government website: https://www.gov.uk/government/news/action-to-bolster-nhs-workforce-and-retain-senior-doctors.

CQC's revised plan for transformation

On 21 December 2022, the Care Quality Commission (CQC) revised its timeframe for the introduction of its new inspection approach, which will now be happening later in 2023 (rather than this month). The change comes as a result of learning over the last few months on the importance of giving providers time to prepare for changes to the inspection regime so that its introduction goes as smoothly as possible.

The CQC has confirmed that more testing of the changes already released will be undertaken to build confidence that the new regulatory approach is ready for launch. It will also work to make sure the technology it needs is in place and tested with providers. In summer 2023, the CQC intends to launch its new online provider portal in a staged way, starting by enabling providers to submit statutory notifications. Towards the end of 2023, the CQC will gradually start to carry out assessments using its new approach. For more information please see the CQC's website: https://www.cqc.org.uk/news/our-revised-plan-and-approach-transformation.

Changes to CQC operational teams

At the end of November 2022, the CQC announced it would be making some changes to its teams, introducing a new structure and roles in order to look at the quality of health and care services across a local area; give a more up-to-date view of quality; be more efficient, consistent and effective; and provide more tailored support to health and care providers. These changes will break down barriers that previously separated the different sectors, by introducing teams that work across four geographic areas or 'networks': London and East of England; Midlands;

North; and South. Comprised of director level roles, the CQC's new senior leadership team will lead the operation across these four networks.

The CQC's four networks will be divided into local teams that include colleagues with a mix of experience and expertise in different types of health and social care services. Led by an operations manager each local team will comprise of assessors, inspectors, regulatory coordinators and regulatory officers. The precise mix of roles will vary with the particular services within a network.

The CQC anticipate several benefits to the public of its new structure, including people having a better understanding of the quality of care across a given area, a more up-to-date view of quality and improved involvement. For providers it expects these changes to improve the quality of the conversations between the CQC and the provider, enable more tailored support to be provided and support improvement specifically where it is needed.

For more information on these changes, please see the CQC website: https://www.cqc.org.uk/news/changing-our-operational-teams.

New framework for SEND inspections

In December 2022, together with Ofsted, the CQC published details on how it will inspect services for children and young people with special educational needs and/or disabilities (SEND) in a local area. Starting in 2023, the two regulators will have a greater focus on hearing directly from children and young people with SEND and their families, allowing inspectors to get a better understanding of what it is like to be a child with SEND in their area. Ongoing contact with areas will provide stronger accountability and inspections will yield three distinct outcome so that it is clear what improvements are needed by whom. The new approach will bring with it a series of thematic visits each year, starting with Alternative Provision (AP). For more information please see the Government website: https://www.gov.uk/government/publications/area-send-framework-and-handbook.

Independent review into the CQC's handling of protected disclosures

On 18 November 2022, the CQC shared further details on the second phase of the independent review into the CQC's handling of protected discourses shared by Mr Shyam Kumar. The aim of the review is to determine whether the CQC took appropriate action in response to this information and whether the ethnicity of the people raising concerns impacted on decision-making or outcomes.

The second phase will review how well the CQC listens to whistleblowing concerns; understand the perceptions of raising concerns with the CQC among health and care staff and registered providers; review and learn from Mr Kumar's Tribunal case; look to understand how the CQC engage with and listen to colleagues through transformation and organisational design. For more information please see the CQC website: https://www.cqc.org.uk/news/listening-learning-responding-concerns-review-update.

Monitoring the Mental Health Act

On 1 December 2022, the CQC published its annual report on the use of the Mental Health Act 'Monitoring the Mental Health Act' (MHA). The key messages from the report were:

- Workforce issues and staff shortages mean that people are not getting the level or quality of care they have a right to expect, and the safety of patients and staff is being put at risk
- Gaps in community mental health care are compounding the rising demand on inpatient services, with delays in admission, transfer and discharge
- Urgent action is needed to tackle the over-representation of people from some ethnic minority groups and, in particular, the over-representation of Black people on community treatment orders

- The quality of ward environments is an ongoing concern, with many inpatient environments in need of immediate update and repair
- Despite the challenges facing services, we have seen examples of good practice around advance planning and applying the principle of least restriction.

To access a copy of the report, please visit the CQC website: https://www.cqc.org.uk/publications/monitoring-mental-health-act.

Hewitt Review

On 13 December 2022, the Department of Health and Social Care issued a call for evidence as part of a review being led by Rt Hon Patricia Hewitt to consider the oversight and governance of integrated care systems (ICS). The review will consider how the oversight and governance of ICS' can best enable them to success, balancing greater autonomy and robust accountability. It will have a particular focus on real time data shared digitally with the Department and on the availability and use of that data across the health and care system. The terms of reference for the review indicate that a first draft of the review's report will be available on 31 January 2023 with a final report following no later than 15 March. For more information on the review please visit the Government website: https://www.gov.uk/government/publications/hewitt-review-terms-of-reference/hewitt-review-terms-of-reference.

No wrong door

On 2 December 2022, the NHS Confederation set out its vision for mental health, autism and learning disability services in ten years' time for people of all ages in England in a new report entitled 'No wrong door: a vision for mental health, autism and learning disability services in 2032'. Commissioned by the NHS Confederation and written by the Centre for Mental Health, the report brings together research and engagement with a wide range of stakeholders; it identifies ten interconnecting themes that underpin the vision and three key requirements that would turn the vision into reality.

The report notes that despite many vision statements for mental health, autism and learning disabilities having been produced in the past, few have been realised in practice. For this reason the report explores what might help and what might hinder implementation, calling for action on funding, workforce and reform to enable faster access to care.

To access a copy of the report, please see the NHS Confederation's website: https://www.nhsconfed.org/publications/no-wrong-door.

Cancer vaccine research partnership

On 6 January 2023, the Secretary of State for Health and Social Care signed a memorandum of understanding with BioNTech SE to bring innovative vaccine research to the UK, which aims to deliver 10k personalised therapies to patients by 2030 through a new research and development hub. The partnership will help accelerate clinical trials of personalised immunotherapies for cancer and infectious disease vaccines. For more information please see the Government website: https://www.gov.uk/government/news/new-partnership-to-boost-research-into-vaccines-for-cancer.

Life-extending prostate cancer drug

On 28 November 2022, the UK Medicines and Healthcare products Regulatory Agency (MHRA) approved the use of Darolutamide ('Nubeqa®') in the treatment of patients whose prostate cancer has spread to other parts of the body. By blocking androgen receptors in cancer cells, the drugs blocks the effect of testosterone that allows cancer cells to survive and multiply. Studies have shown a third of men treated in this way live longer (than those previously untreated). For more information please see NHS England's website: https://www.england.nhs.uk/2022/11/nhs-fast-tracks-life-extending-prostate-cancer-drug/.

Artificial Intelligence in stroke care

Through its Artificial Intelligence (AI) in Health and Care Awards, the Government invested in the Brainomix e-Stroke system that has been shown to triple the number of patients that recover from a stroke able to perform daily activities from 16% to 48%. This system is currently deployed at sites spanning 11 stroke networks across the country. It allows stroke specialists to access scans and images remotely, which enables specialists from all parts of the stroke pathway to work together more effectively thereby ensuring more people who experience a stroke receive high quality specialist care. For more information, please see the Government website: https://www.gov.uk/government/news/artificial-intelligence-revolutionising-nhs-stroke-care

Funding for cutting edge innovation projects

The MHRA is set to receive almost £1m from the Department for Business, Energy and Industrial Strategy (BEIS) to fund three projects that aim to improve how patients can access life-changing treatments in clinical trials, find a way to introduce complex artificial intelligence into front line clinical settings and make the UK the place to launch microbiome products that support the development of personalised medicine. For more information please see the Government website: https://www.gov.uk/government/news/mhra-to-receive-nearly-1m-beis-funding-to-unlock-digital-data-and-scientific-regulatory-innovation

Creating the most advanced genomic healthcare system in the world

The Government has announced over £175m funding to enable research that could deliver world leading genomic healthcare to patients, which involves the study of people's DNA. This forms part of a new three-year plan to develop, evaluate and roll out new technologies across the health and care system and life sciences sector. Of the total sum, £105m will kickstart world-leading research to explore the effectiveness of using whole genome sequencing to find and treat rare genetic diseases in new born babies. £26m will fund an innovative cancer programme to evaluate genomic sequencing technology to improve the accuracy and speed of diagnosis for cancer patients. £22m will be used to sequence the genomes of up to 25k people of non-European ancestry who are currently under represented in genomics research. For more information please see the Government website: https://www.gov.uk/government/news/over-175-million-for-cutting-edge-genomics-research.

Motor Neurone Disease research funding

On 12 December 2022, the Government announced that £50m of funding pledged for motor neurone disease (MND) research has been allocated to researchers in two tranches. The first £29.5m will be invested immediately through specialist research centres and partnership. The second £20.5m will be available through an open call process for research into the most promising treatments. For more information please see the Government website: https://www.gov.uk/government/news/government-delivers-on-pledge-for-50-million-mnd-research-funding.

Social prescribing for mental health

On 23 December, the Government announced more than £3.6m would be invested into the National Academy of Social Prescribing to improve mental health by connecting people to community services. This additional funding builds on previous success with 36 projects supporting over 10k people. Examples of the sorts of services that will be possible as a result of the funding include gardening clubs for people to socialise and learn new skills, new exercise classes to build confidence and become healthier, as well as financial advice for people with money worries, among many other initiatives. For more information, please see the Government website: https://www.gov.uk/government/news/36-million-social-prescribing-funding-to-bolster-mental-health-support-and-ease-pressure-on-gps

Continuous glucose monitors for type one diabetics

On 31 December 2022, building on its announcement earlier in the year, NHSE reported that around eight in ten people with Type 1 diabetes are now using non-invasive glucose monitoring devices (CGMs) that allow them to

check their glucose levels more easily and regularly, avoiding the need for finger prick tests. NHSE confirmed it aims for all integrated care boards to be offering flash monitors and CGMs in 2023 and that it expects this to reduce hospital admissions, and associated diabetes complications, which will ease pressure on the NHS. For more information please see the NHSE website: https://www.england.nhs.uk/2022/12/rapid-nhs-rollout-sees-200000-diabetes-patients-get-lifechanging-devices/.

Dementia diagnosis drive

On 26 December 2022, NHSE announced it would be investing £900k to pilot the proactive assessment of care home residents for dementia in each area of the country. The pilots involve GPs identifying a list of people living in a care home without a dementia diagnosis with staff involved in the pilot who will then check with the care home to see if any of those listed have memory problems. Those identified will be offered a full face-to-face assessment. This approach was found to be effective in a trial in Norfolk where of the 100 people identified, 95 received a diagnosis of dementia and support in living with dementia. For more information please see the NHSE website: https://www.england.nhs.uk/2022/12/nhs-launches-new-dementia-diagnosis-drive/.

Regional Stakeholder Network for Disabled People

On 19 December, the Government announced the appointment of seven new chairs for the Regional Stakeholder Network that will take the lad in supporting and advising the Government on issues affecting disabled people and disability organisations in regions across the UK. Justin Donne, a non-profit organisation leader, has become the chair for the East Midlands network. For more information please see the Government website: https://www.gov.uk/government/news/new-chairs-appointed-to-regional-stakeholder-network.

Trial of digitised health checks

On 5 December 2022, the Government announced a trial of an NHS Digital Health Check in Cornwall that would see patients complete an online questionnaire, use a kit to take a blood sample at home and complete a blood pressure check at their local pharmacy or GP surgery's waiting room. Targeted at people aged 40 to 74, the free NHS health check is designed to prevent stroke, kidney disease, heart disease, type 2 diabetes and some types of dementia. It is hoped that the trial will demonstrate that these checks can be successfully undertaken virtually without either the need for a face-to-face appointment with a GP or for the patient to take time out of their day to attend the surgery. For more information please see the Government website: https://www.gov.uk/government/news/patients-to-carry-out-health-checks-in-comfort-of-own-home-to-ease-pressure-on-frontline-services.

Public benefit evaluation guidance on use of data

On 14 December 2022, the National Data Guardian published new guidance to help organisations carry out better public benefit evaluations when they plan to use, or allow access to, data collected during the delivery of care for planning, research and innovation projects. This guidance defines 'public benefit' using evidence gathered from the public to create a shared understanding of public benefit and more consistent decisions about who can access the data that they hold. For more information please see the Government website: https://www.gov.uk/government/publications/what-do-we-mean-by-public-benefit-evaluating-public-benefit-when-health-and-adult-social-care-data-is-used-for-purposes-beyond-individual-care.

Reducing air pollution

On 8 December 2022, the Chief Medical Officer (CMO) for the Department of Health and Social Care published his annual report, which focussed this year on reducing air pollution. The report highlights achievable solutions across different sectors and makes the case that we need to continue to be active in reducing outdoor air pollution. It also notes that indoor air pollution is becoming an increasing proportion of the problem as improvements in outdoor air pollution occur. In his report, the CMO makes a series of recommendations including that the training of healthcare staff should include the health effects of air pollution and how to minimise these, including communication with

patients. He notes that the NHS is committing to halving its contribution to poor air quality within a decade whilst reducing health inequalities. For more information please see the Government website: https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2022-air-pollution.

Local Developments

0-19 Healthy Child Programme consultation

Leicester City Council has launched a public consultation, seeking views on proposed changes to the 0-19 Healthy Child Programme. Leicester City Council have commissioned Leicestershire Partnership NHS Trust (LPT) to deliver the 0-19HCP since 1 July 2017. Leicestershire City Council are proposing to keep Leicestershire Partnership NHS Trust as the provider, as it is a high performing service, and to recommission 0-19HCP by using Section 75 of the National Health Services Act of 2006.

The 0-19 Healthy Child Programme (0-19HCP) (known locally as Healthy Together) looks after the health and wellbeing of all children in Leicester under the age of 19. It is delivered by Public Health Nurses (Health Visitors and School Nurses) and their teams across the city.

The new contract would start from 1 October 2023 and run until 30 September 2030. Find out more here

Public engagement – Hinckley Community Health Services

The people of Hinckley and Bosworth and anyone with an interest in community health services in Hinckley are being urged to have their say on multi-million pound proposals to improve current services.

The NHS in Leicester, Leicestershire and Rutland has developed proposals to build a new Community Diagnostic Centre (CDC) in Hinckley to increase the number of services available for the local community. The proposals also include moving the physiotherapy facilities currently provided from a portacabin on the Mount Road site into the Hinckley Hub on Rugby Road as well as carrying out improvements to the interior of Hinckley Health Centre.

The engagement outlines the vision to improve services for patients by providing them in modern, fit-for-purpose buildings, to expand services to meet the needs of a growing and ageing population in Hinckley and Bosworth and to provide more services efficiently.

All Staff and patients can find out more information, including details of engagement events and have their say on the proposals by visiting www.HaveYourSay.co.uk and completing an online questionnaire by Sunday 5 March 2023. The questionnaire is also available in other formats by emailing llricb-llr.beinvolved@nhs.net**.**

Queens Nurse awards

Two senior LPT nurses have been honoured by the Queens Nursing Institute, which champions community nursing.

Donna Fraser, community service matron for Melton, Rutland and Syston, has been made a Queen's Nurse by the QNI. Pauline Rawle, community service matron (care homes) has been recognised for an innovation project, also by the QNI. Well done to both for being successfully recognised after a rigorous national process. Find out more

Midlands Inclusivity and Diversity Award Scheme

The Midlands Inclusivity and Diversity Award Scheme, or 'MIDAS', recognises new and excellent ways of working by staff, managers, and leaders across the region, to make the Midlands an inclusive place to work for all staff. The scheme is specifically designed to recognise the good work that is happening in the Midlands across our health and social care sector.

LPT and Northamptonshire Healthcare NHS Foundation Trust have been working together against racism over the past year. Asha Day, Head of International Recruitment at LPT, was awarded the Equality, Diversity and Inclusion Champion of the Year Award for her role in championing various EDI campaigns. Well done, Asha! It was also pleasing to see our work recognised by MIDAS with NHFT's REACH Staff Network highly commended for their influence and positive impact on workforce experience for our colleagues from ethnic minorities

It was also great to personally receive the Excellence in Executive Inclusive Leadership Award, which is a reflection of our team effort. I am proud of what LPT and NHFT are doing together in this important area of work. For more information on the MIDAS Awards, please see the NHSE website: https://www.england.nhs.uk/midlands/wrei/midas-awards/.

HTN Awards

LPT, alongside our LLR NHS partners and Spirit Health won Highly Commended for two awards by HTN (High Tech Newspaper) Awards, both for our virtual wards programme. This is a credit to all the teams involved in virtual wards across the Trust. More details here: https://htn.co.uk/htn-now-awards-2023-finalists/

LCFC visit comes with gifts for our young patients at Christmas

On Monday 19 December, Leicester City Football Club's (LCFC) men's senior squad gifted 120 presents for Christmas, to Leicestershire Partnership NHS Trust's (LPT) Child and Adolescent Mental Health Services' (CAMHS) Beacon Unit for inpatients and Diana Community Children's Service. Gifts such as board games and journals were donated to children and young people, including LCFC merchandise, such as footballs and pens.

LCFC supported services at LPT during the Covid pandemic, with large donations being made to the Trust's charity Raising Health for patient and staff wellbeing, including an outdoor sports area for the Beacon mental health inpatient unit and sporting equipment for the young people to use. Thank you to LCFC for their continued support and to Raising Health for raising over £5000 in this year's Christmas appeal.

Relevant External Meetings attended since last Trust Board meeting

Chief Executive and Deputy Chief Executive external meetings

December 2022	January 2023
East Midlands Alliance CEO's	Winter Board
Finance and general planning NHS Providers	LLR Health CEO's meeting
NHS Providers Board informal	LLR NHS CEO's and Chairs
LLR Integrated Care Board	Mental Health Trusts Chief Executives
NHS Chairs & CEO's ambulance handover	LPT – NHFT joint CIC working group
LLR Integrated Care Board System Executive Committee	LLR Integrated Care Board development session
LPT & LLR Integrated Care Board development	East Midlands Alliance CEO's
NHSE roundtable on 2023/24 planning guidance	*Together Against Racism with NHFT
External Audit - KPMG	*NHS Employers Partners Programme 2022/2023
LLR Quality system review meeting	*6 CEO's 3HWB chairs
Winter Board	*LLR System Executive
LLR Winter gold command	*Leicester City Health and Wellbeing Board
Leicestershire Health & Wellbeing Board	
Rutland meeting	
LLR Health & Wellbeing Partnership	

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.

Leicestershire Partnership NHS Trust

Governance Table

For Board and Board Committees:	Trust Board 31 January 2023	
Paper sponsored by:	Angela Hillery, Chief Executive	
Paper authored by:	Angela Hillery, Chief Executive Kate Dyer, Deputy Director of Governance and Risk / Trust Secretary (LPT) Richard Smith, Assistant Director of Corporate Governance (NHFT)	
Date submitted:	23 January 2023	
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:	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	Routine board report	
STEP up to GREAT strategic alignment*:	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	Yes
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	none
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	

Leicestershire Partnership NHS Trust

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Trust Board 31 January 2023

Organisational Risk Register

Purpose of the report

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.

Analysis of the issue

There are currently 19 risks on the ORR, of which seven have a high current risk score. The high-risk profile for the Trust includes the following areas;

- Waiting lists
- Cyber threat
- Electronic Patient Record
- Vacancy rate (safety and quality)
- High agency usage (finance)
- Medical capacity in CMHT
- Inherited FM risk

There are four risks where the current risk score is higher than the tolerance level, and the projected residual score will bring the risk in line with appetite. There is one risk (Risk 85 high agency spend) where the residual score (16) is higher than the appetite (9-11). This indicates that further mitigation action will be needed to bring the risk score down within agreed tolerance levels.

Since the last Trust Board meeting on 29 November 2022 the following changes have been agreed by the level 1 committees;

Changes in wording to risk

The QAC approved a change in wording **for Risk 74 'As a result of covid 19, winter pressure, service recovery and workforce restoration there is a risk that our staff's health and wellbeing will be compromised, leading to increased sickness levels**'. This now reads **Risk 74 ' The impact of additional pressures on service delivery may compromise the health and wellbeing of our staff, leading to increased sickness levels'**.

This is intended to clarify that any situation impacting on our current service delivery (more broadly than covid, recovery and restoration), which may include the cost of living, strike action, increasing demand etc. could impact on the level of sickness in the Trust.

ORR risks January 2023

No.	Title	SU2G	Initial risk	Current risk	Residual Risk	Tolerance
59	Lack of staff capacity in causing delays in the incident management process, including the review and closure of a backlog of reported incidents, the investigation and report writing of SIs and the closure of resulting actions. This will result in delays in learning and could lead to poor quality care and patient harm as well as reputational damage.	High Standards	12	12	8	16-20

61	A lack of staff with appropriate skills will not be able to safely meet patient care needs, which may lead to poor patient outcomes and experience.	High Standards	16	12	8	16-20
64	If we do not retain existing and/or develop new business opportunities, we will have less financial sustainability and infrastructure resulting in a loss of income and influence within the LLR system.	Transformation	12	12	9	9-11
66	The lack of detail around accommodation requirements in strategic business planning, means that the Estates Strategy cannot adequately plan for potential building solutions, leading to an estate configuration which is not fit to deliver high quality healthcare.	Environments	12	12	8	16-20
67	The Trust does not have identified resource for the green agenda, leading to non-compliance with the NHS commitment to NHS Carbon Zero.	Environments	12	12	9	9-11
68	A lack of accessibility and reliability of data reporting and analysis will impact on the Trust's ability to use information for decision making, which may impact on the quality of care provided.	Well Governed	16	12	8	9-11
69	If we do not appropriately manage performance, it will impact on the Trust's ability to effectively deliver services, which could lead to poor quality care and poor patient experience.	Well Governed	8	8	4	9-11
72	If we do not have the capacity and commitment to proactively reach out, we will not fully address health inequalities which will impact on outcomes within our community.	Reaching Out	16	12	8	16-20
73	If we don't create an inclusive culture, it will affect staff and patient experience, which may lead to poorer quality and safety outcomes.	Equality, Leadership and Culture	12	9	6	16-20
74	The impact of additional pressures on service delivery may compromise the health and wellbeing of our staff, leading to increased sickness levels.	Equality, Leadership and Culture	9	9	6	16-20
75	Increasing numbers of patients on waiting lists and increasing lengths of delay in accessing services will mean that patients may not be able to access the right care at the right time and may lead to poor experience and harm.	Access to Services	16	16	8	16-20
79	The Cyber threat landscape is currently considered significant due to the geopolitical conflicts, high prevalence of cyber-attack vectors, increase in published vulnerabilities, etc which could lead to a significant impact on IT systems that support patient services and potential data breaches	Well Governed	16	16	12	16-20
81	Inadequate control, reporting and management of the Trust's 2022/23 financial position could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy)	Well Governed	15	9	9	9-11
83	Restricted access and use of electronic patient record systems will result in incomplete electronic patient records including the recording of physical observations. This will impact on the delivery of effective and safe patient care	High Standards	16	16	12	16-20
84	A high vacancy rate for registered nurses, AHPs, HCSWs and medical staff, is leading to high temporary staff usage, which may impact on the quality of patient outcomes, safety, quality and experience.	High Standards	16	16	8	16-20
85	High agency usage is resulting in high spend, which may impact on the delivery of our financial targets for 2022/23	Well Governed	20	20	16	9-11
86	A lack of capacity within the workforce model and a high vacancy rate is reducing our ability to assess and follow up patients in community mental health services in a timely way, impacting on the safety of care and the mental wellbeing for our patients.	High Standards	20	20	16	16-20
87	Following the establishment of a new FM service, there is a risk of unknown issues based on historical maintenance resulting in the Trust not meeting its quality standards or requirements.		16	16	12	16-20
88	Risk of closed cultures within services that may lead to poor patient, staff and family experience and organisational and reputational risk.		12	12	8	16-20

Proposal

An information slide detailing our approach to risk scoring and appetite has been included at the end of the full slide pack to provide clarity for people using the ORR.

Changes to Scoring

Risk 81 Inadequate control, reporting and management of the Trust's 2022/23 financial position could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy)

The consequence risk score has reduced from 5 to 3 which has brought the overall score down to 9. Last month the likelihood score reduced as we had approved the revised deficit plan. The rationale for reducing the consequence score is that NHSE has asked the system to deliver a £20m deficit which has been agreed, and LPT's forecast reconciles with the target. The planning guidance states that additional capital allocations next year will be based on delivering either break even or agreed NHSE deficit plans.

Decision required

Trust board is assured by the risk management process and that the ORR continues to be reflect the risks relevant to the Trust.

Leicestershire Partnership NHS Trust

Governance Table

For Board and Board Committees:	Trust Board 31 January 2023	
Paper sponsored by:	Chris Oakes, Director of Governance and Risk	
Paper authored by:	Kate Dyer, Deputy Director of Governance and Risk	
Date submitted:	22 January 2023	
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	Regular	
STEP up to GREAT strategic alignment*:	High **S**tandards	Yes
	Transformation	Yes
	Environments	Yes
	Patient Involvement	Yes
	Well **G**overned	Yes
	Reaching Out	Yes
	Equality, Leadership, Culture	Yes
	Access to Services	Yes
	Trust wide Quality Improvement	Yes
Organisational Risk Register considerations:	All	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	

Leicestershire Partnership NHS Trust

Organisational Risk Register
January 2023

Based on the risk appetite matrix produced by the Good Governance Institute

Risk No: 59	Date included	29 November 2021	Date revised	12/01/2023
Objective: S	High Standards			
Risk Title:	Lack of staff capacity is causing delays in the incident management process, including the review and closure of a backlog of reported incidents, the investigation and report writing of SIs and the closure of resulting actions. This will result in delays in learning and could lead to poor quality care and patient harm as well as reputational damage.			
Risk owner:	Exec: Operational Directors and Director of Nursing, AHPs and Quality		Local: Head of Patient Safety	
Governance:	IOG, Quality Forum, QAC / Board - Monthly Review			

	Consequence	Likelihood	Combined
Current Risk	4	3	12
Residual Risk	4	2	8

Tolerance level Significant 16-20 (Appetite Quality-Seek)

Controls	Description:	• Centralised SI reporting and oversight process • Incident reporting policy • Additional SI investigators recruited for newly reported SI's • Governance arrangements for support and escalation. • Incident investigation training monthly rolling programme • Quality summit x3 action plans for improvement within directorates • Clinical governance structure • Interim Group Director of Patient Safety appointed 1 September 2022 • Directorate improvement plans in place monitored via Incident Oversight Group • DMH pilot programme – new cyclical process for managing and learning from SI's • Initial meeting held with the ICB for PSIRF to determine LLR ICB approach – ongoing engagement within ICB / System • Recruitment of additional clinical governance officers within Directorate to provide further capacity		
	Gaps:	• Resource and workforce challenges due to winter pressures		
Assurances	Internal:	Source • Reports/ minutes from Incident Oversight Group, Incident Review Meeting and Quality Forum and Executive Team. • Quality Summit March 2022 with learning • Monthly Quality Monitoring Report – Patient Safety Incident Investigation Report • Increased frequency of sign off meetings • Flow chart process for sign off approved by execs	Evidence • Directorate improvement plans - monitored via EMB, IOG and through to Quality Forum • Early learning from Incident Review Meeting • Reduced rate of complaints from families relating to SIs due to enhanced engagement.	Assurance Rating Amber
	External:	Source: • CQC Inspection 2021 • CCG sign off and feedback for SI reporting	Evidence: • CQC feedback The trust must ensure that managers review incident in a timely way, in line with trust policy. (Reg17 (1)) • CCG – number of reports signed off / number returned for additional work	Assurance Rating Green
	Gaps:			

Actions	Date: Feb 23 (rolling monthly review)	Actions: Delivery of Directorate trajectories for completion of SI reports and closure SI actions.	Owner: TH/SL/HT	Progress: Mixed progress due to resource and workforce challenges – full report provided to Trust Board

Status: Amber

Risk No: 61	Date included	29 November 2021	Date revised	19/01/2023
Objective: S	High Standards and Equality, Leadership, Culture			
Risk Title:	A lack of staff with appropriate skills will not be able to safely meet patient care needs, which may lead to poor patient outcomes and experience.			
Risk owner:	Exec: Director of HR & OD	Local: Head of Education, Training and Development		
Governance:	SWC, QAC / Board - Monthly Review			

	Consequence	Likelihood	Combined
Current Risk	4	3	12
Residual Risk	4	2	8

Tolerance level Significant 16-20 (Appetite Quality-Seek)

Controls

Description:

- Mandatory and Role Essential Training Policy, Study Leave Policy, Safer staffing policies and guidance
- National and local People Plan
- Mandated clinical supervision
- Role applicable competency framework / Annual training needs analysis
- E rostering in place across inpatient services and community
- Reintroduction of system for bank staff who are unable to book shifts unless they are fully compliant with mandatory training
- On-going recruitment programme / STAR days
- Annual establishment reviews / Winter BAF actions revised and reviewed
- New process for amending compliance requirements to position numbers / Manager compliance and DNA reports live on ulearn
- Deteriorating Workforce and Sepsis Group in place to progress and review training and compliance for ILS and BLS
- Reporting and monitoring of monthly course unutilised spaces and cancelled courses/places / New report of Mandatory Training SME and course update logs to TED
- new report on DPA training compliance for pre-learning to go to DMT monthly
- MHA for Drs reviewed and amended refresh by MHA Governance Delivery Grp accepted by TED

Gaps:

- Elements of mandatory and role essential training compliance for our non-substantive/bank workforce
- Knowledge of the skill set for individual bank and agency staff
- Knowledge of Agency staff skills outside of the on-framework agency
- Clinical matron role for supporting the skills training and clinical supervision for bank and agency staff
- Emphasis on the role of sepsis awareness and deteriorating patient training for all staff

Assurances

	Source:	Evidence:	
Internal:	• SWC , Directorate Workforce groups , retention working group • Quarterly workforce triangulation to ops exec - hotspots and action • LLR People Programme Delivery Group • Workforce planning supply Trust Approach • Workforce and safe staffing, tipping points and actions aligned to OPEL levels and governed through SWC • Hotspots identified on Directorate Risk Registers • Weekly safe staffing meeting • Learning from SI's and quality improvements • Monthly clinical education forum • Winter BAF actions reviewed at Winter Committee	• Mandatory Training and Role Essential Training Flash Report- monthly • Supervision compliance report- monthly • Noc trust board and SEB deep dive • Directorate risk registers received at DMTs • Quarterly triangulation document to Exec Team with action plan. • Training capacity DNA spaces monitored at Training Education Development Group Monthly • Monthly pre-learning report on DPA training • SME report to TED/SWC	Assurance Rating Green
External:			Assurance Rating No Rating
Gaps:			

Actions

Date:	Actions:	Owner:	Progress	Status
Feb 23	• Increase our compliance rate for ILS, NEWS 2 and sepsis for substantive and bank staff	Helen Briggs	Ongoing	Green
Mar 23	• Increase the cascade of flat lift awareness and competency assessment to use equipment on inpatient wards	Helen Briggs	Ongoing	Green

Risk No: 64	Date included	29 November 2021	Date revised	19/01/2023
Objective: T	Transformation			
Risk Title:	If we do not retain existing and/or develop new business opportunities, we will have less financial sustainability and infrastructure resulting in a loss of income and influence within the LLR system.			
Risk owner:	Exec: Director of Strategy and Partnerships		Local: Head of Strategy	
Governance:	Transformation Committee / FPC / Board - Monthly Review			

	Consequence	Likelihood	Combined
Current Risk	4	3	12
Residual Risk	3	3	9

Tolerance Level Moderate 9-11 (Appetite Financial-Cautious)

Controls	Description:	• Engagement and support to LLR wide system strategy meetings, including ICB/ICP meetings, system executive meetings, local authority scrutiny and health and well-being board meetings. • A clear Step Up to Great Strategy (SUTG) developed and shared with stakeholders. The SUTG strategy sets out a 3 year vision and is supported by an annual operational delivery plan. This annual delivery plan enables a regular conversation with our stakeholders to understand our changing environments. • Engagement and support by LPT to the development of models of Integrated Care within LLR • Project development risk registers • SUTG delivery plans
	Gaps:	• Sufficient oversight of individual service sustainability

Assurances	Internal:	Source: Commissioning & Collaborative Committee and first meeting Transformation and QI Committee Joint Working Group (JWG) of LPT & NHFT Executive, board meetings & board development sessions Finance and Performance Committee	Evidence: Transformation Committee will review progress of internal transformational priorities. JWG reviews progress on key joint priorities. Executive, Board meetings and development sessions include a focus on our strategic priorities and transformation. Evidence available in papers, agenda and minutes Business pipeline report	Assurance Rating Green
	External:	Source: Internal Audit HOIAO Feedback from NHS E/I Feedback from stakeholders (CQC, CCG/ICB & local authorities) Attendance at local authority scrutiny meetings	Evidence: Formal feedback from audit opinion, formal meetings and our stakeholder feedback.	Assurance Rating Green
	Gaps:	Further building of our work with voluntary and community organisations		

Actions	Date: Feb 23	Actions: Liaison with Director of Finance and Operational Directors to identify way forward	Owner: Executive Director of Strategy & Partnerships	Progress: SEB Jan to agree process	Status Green

Risk No: 66	Date included	29 November 2021	Date revised	19/01/2023
Objective: E	Environments			
Risk Title:	The lack of detail around accommodation requirements in strategic business planning, means that the Estates Strategy cannot adequately plan for potential building solutions, leading to an estate configuration which is not fit to deliver high quality healthcare.			
Risk owner:	Exec: Chief Finance Officer		Local: Associate Director Estates & Facilities	
Governance:	Estates Committee, FPC / Board - Monthly Review			

	Consequence	Likelihood	Combined
Current Risk	4	3	12
Residual Risk	4	2	8

Tolerance level Significant 16-20 (Appetite Quality-Seek)

Controls	Description:	• Approved Strategic plan for the elimination of dormitory accommodation • New Hospitals Programme (NHP) Expression of Interest submitted • Refresh of Mental Health inpatient Strategic Outline Case and bed modelling • Tripe R outputs • Estates Strategy refresh in progress • Capital resource prioritisation framework • Refreshed SUTG strategy 2021
	Gaps:	• Finalise ward moves to confirm phasing order for dormitories. Works continue on programme. • Directorate and enabling business plans to support wider Estates plan development

Assurances	Internal:	Source: • Strategic Property Group • Estates and Medical Equipment Committee • Finance and Performance Committee • Health and Safety Committee. Directorate Health and Safety Action Groups	Evidence: • Reports to EMEC • Consideration of estates strategy with directorates • Monthly report to FPC on progress against the Estate Strategy • Health and Safety Reports and confirmation of compliance	Assurance Rating Green
	External:	Source: • CQC Inspection 2021, 2022 • Consideration of NHP expression of interest submitted 2022.	Evidence: • CQC report • NHSEI updated monthly on track.	Assurance Rating Amber
	Gaps:			

Actions	Date:	Actions:	Action Owner:	Progress:	Status
	June 23	• Implementation of Dormitory Eradication programme.	Richard Brown	• Dorm scheme. Complex project - remains on plan, reported to NHSE Estates. [status Green].	Green
	March 24	• Estates delivery plan	Richard Brown	• In draft – estimated trajectory 6 to 12 months	Amber
	June 23	• Production of the Trust's estates 5-year plan	Paul Sheldon	• Being drafted and consulted	Amber

Risk No: 67	Date included	29 November 2021	Date revised	19/01/23
Objective: E	Environments			
Risk Title:	The Trust does not have identified resource for the green agenda, leading to non-compliance with the NHS commitment to NHS Carbon Zero.			
Risk owner:	Exec: Chief Finance Officer		Local: Chief Finance Officer	
Governance:	Estates Committee, FPC / Board - Monthly Review			

	Consequence	Likelihood	Combined
Current Risk	3	4	12
Residual Risk	3	3	9

Tolerance Level Moderate 9-11 (Appetite Regulation-Cautious)

Controls	Description:	• Self assessment undertaken on the Green Plan requirements. • Consideration of the requirements and self assessment through Board Development and Strategic Executive Board sessions • Chapter provisional leads identified • LLR Green NHS Board meets monthly – LPT in attendance • Job Descriptions approved for Head of Sustainability, and Sustainability Manager (potential secondment/development role) • Working with NHFT to deliver across the Group
	Gaps:	• Lack of data on carbon footprint • Lack of historic Sustainable Development Management Plan

Assurances	Internal:	Source: Green plan approved Regular reporting	Evidence:	Assurance Rating Amber
	External:	Source: LLR Green Board Work to share across the Group with NHFT knowledge and experience on sustainability	Evidence: Green Board Committees in Common	Assurance Rating Amber
	Gaps:			

Actions	Date: Feb 23	Actions: Recruit to a Head of Sustainability role	Owner: CFO	Progress: In progress.	Status Amber

Risk No: 68	Date included	29 November 2021	Date revised	11/01/23
Objective: G	Well Governed			
Risk Title:	A lack of accessibility and reliability of data reporting and analysis will impact on the Trust's ability to use information for decision making, which may impact on the quality of care provided.			
Risk owner:	Exec: Director of Finance & Performance		Local: Head of Information	
Governance:	Data Privacy Committee; FPC / Board - Monthly Review			

	Consequence	Likelihood	Combined
Current Risk	4	3	12
Residual Risk	4	2	8

Tolerance Level Moderate 9-11 (Appetite Regulatory-Cautious)

Controls	Description:	• Executive senior information risk officer (SIRO) sponsorship • Information asset owners in place • Clinical system training in place • Performance management framework (which includes the 6 dimensions of data quality) • Data quality policy and procedure • Data Quality Kitemark & Framework approved by DQC, will be implemented for 22/23 reporting.
	Gaps:	• Incomplete data quality reports for local and national data sets • 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 • Capacity of the information team due to demands from national sitrep reporting • Accessible data for front line clinical teams

Assurances	Internal:	• Performance review meetings include Directorate level metrics • 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 committee • Local Risk register	Evidence: • DSPT 'standards met' annual submission made in June 2022 • Data quality actions reported to FPC via Data Privacy Committee highlight report – assurance rating Green (August) - Local risks reviewed in Data Privacy Committee - Delivery of phase 1 21/22 data quality work plan - SEB approved Data Quality Plan Implementation and Campaign on 02/12/22	Assurance Rating Green
	External:	Source: • Annual benchmark reporting against peers • Internal audit programme for data quality and reporting • Internal audit review of our data security and protection toolkit (DSPT) • Commissioner scrutiny	Evidence: • Data quality framework 21/22 audit – significant assurance • DSPT 21/22 360 assurance audit – Significant assurance	Assurance Rating Green
	Gaps:	• Data quality group revised approach started in February 2021, phase 1 has defined the frameworks for quality data, phase 2 of action plan needs to fully embed the approach • External Account (quality account indicators) Not undertaken for 19/20 or 20/21 and not required for 21/22		

Actions	Date:	Actions:	Owner:	Progress:	Status
	tbd	• Restructure of information team	SM	MOC on hold	Amber
	Jan 23	• Define data quality training approach	SM	Data quality plan approved at DQC December 2022	Green
	Dec 23	• Delivery of phase 2 of data quality plan – embedding processes & implementing kitemark approach	SM	Data quality plan approved by DQC in December 2022 & approved by SEB	Green

Risk No: 69	Date included	29 November 2021	Date revised	11/01/23		Consequence	Likelihood	Combined
Objective: G	Well Governed				Current Risk	4	2	8
Risk Title:	If we do not appropriately manage performance, it will impact on the Trust's ability to effectively deliver services, which could lead to poor quality care and poor patient experience.				Residual Risk	4	1	4
Risk owner:	Exec: Director of Finance & Performance		Local: Director of Finance & Performance		Tolerance Level Moderate 9-11 (Appetite Regulatory-Cautious)			
Governance:	FPC / Board - Monthly Review							

Controls	Description:	• Board approved Performance management framework • Board level performance dashboard • Revised governance framework • SUTG plan • SOP in place
	Gaps:	• Capacity of the information team due to demands from national sitrep reporting • Level 2 committee dashboards – implementation delayed due to COVID • Investment in information team capacity and a new performance team for the Trust supported by March 22 OEB, but funding in 22/23 not approved

Assurances	Internal:	Source: • FPC / QAC / Trust Board reports • Bi monthly Performance review meetings • Simplified, directorate owned, board reporting and an agreed set of 2022/23 KPIs for the Board • Review of Information Team capacity & delivery model	Evidence: • Routine performance reporting with committee dashboards to FPC / QAC /Board – assurance rating amber (FPC - August 2022) • Escalated items from performance reviews reported to OEB. • Performance reports narrative updated by Directorate Business Managers prior to release.	Assurance Rating Amber
	External:	Source: • CQC inspection 2021 • External and internal audit	Evidence: • Internal audit review of performance framework 21/22 – significant assurance	Assurance Rating Green
	Gaps:	• Fully embedded system (demonstrated once level 2 dashboards are fully implemented) • Trust wide approach to reporting planned post covid performance & capacity		

	Date:	Actions:	Action Owner:	Progress:	Status
~~Actions~~	tbd	• Restructure of information team	SM	MOC on hold	Amber
	tbd	• Phase 2 review of information team, including approach to performance framework management	SM	on hold	Amber
	Feb 23	• Making Data Count training for operational leads	SM	Operational leads booked on	Amber Green
	Feb 23	• Board development session on making data count	SM	NHSE workshop arranged for 21st February board development session	Green
	Mar 23	• Finalise 23/24 metrics & performance report	SM		

Risk No: 72	Date included	29 November 2021	Date revised	19/01/2023
Objective: R	Reaching Out			
Risk Title:	If we do not have the capacity and commitment to proactively reach out, we will not fully address health inequalities which will impact on outcomes within our community.			
Risk owner:	Exec: Director of Strategy and Partnerships		Local: Head of Strategy	
Governance:	Transformation Committee / FPC bi-monthly / Board Quarterly			

	Consequence	Likelihood	Combined
Current Risk	4	3	12
Residual Risk	4	2	8

Tolerance Level Significant 16-20 (Appetite Quality-Seek)

Controls	Description:	• We are supporting our most vulnerable in society; raising health equity across LLR, through attendance at LLR Health inequalities meetings. • Our people plan and our system people plan supports a sustainable local community in LLR, through the development of our workforce and the support to staff and the development of new roles. • We are seeking to positively support environmental, economic & regeneration improvements, policies and practices in LLR
	Gaps:	• Publication of the LPT response to the NHS Green plan • The development of our own information and data to address inequalities • Internal capacity to deliver and transform our planned change

Assurances	Internal:	Source: Transformation Committee Joint Working Group (JWG) of LPT & NHFT Executive, board meetings & board development sessions Regular attendance at system meetings Reaching out delivery plan as part of the Step Up to Great (SUTG) strategy and plan	Evidence: Transformation Committee will review progress of internal transformational priorities. JWG reviews progress on key joint priorities. Executive, Board meetings and development sessions include a focus on our strategic priorities and transformation. Evidence available in papers, agenda and minutes	Assurance Rating: Green
	External:	Source: Internal Audit HOIAO Feedback from NHS E/I Feedback from stakeholders (CQC, CCG/ICB & local authorities) Attendance at local authority scrutiny meetings	Evidence: Formal feedback from audit opinion, formal meetings and our stakeholder feedback.	Assurance Rating: Green
	Gaps:	Calculating the impact/value of the reaching out programme to LPT and to our communities.		

	Date:	Actions:	Owner:	Progress:	Status
Actions	Feb 23	Social value framework co-produced	David Williams	Ongoing	Amber
	Jan 23	Further agreement on our approach and calculating impact and value	David Williams	Internal assessment underway	Amber
	Jan 23	Development of inequalities data in an accessible format	David Williams/ Information Team	Some data complete, exploring with performance how this can be available to all. Local Public health team will provide the analysis.	Amber

Risk No: 73	Date included	29 November 2021	Date revised	19/01/2023
Objective: E	Equality, Leadership, Culture			
Risk Title:	If we don't create an inclusive culture, it will affect staff and patient experience, which may lead to poorer quality and safety outcomes.			
Risk owner:	Exec: Director of HR & OD		Local: Head of Equality, Diversity and Inclusion	
Governance:	SWC, QAC / Board - Monthly Review			

	Consequence	Likelihood	Combined
Current Risk	3	3	9
Residual Risk	3	2	6

Tolerance Level Significant 16-20 (Appetite People - Seek)

Controls

Description:

- 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.
- 8th We Nurture OD targeted sessions for BAME staff delivered
- Reverse mentoring. Second cohort completed and third cohort launched.
- National and LPT People Plan priorities being addressed.
- WRES and WDES action plans revised annually and being implemented.
- Zero tolerance campaign launched
- Equality Objectives within staff appraisals
- Cultural Competency Programme

Gaps:

- Improved delivery against outcome measures / WRES and diversity metrics
- Embeddedness of WRES/ WDES/ Together Against Racism action plan/ NHSEI high impact actions (Inclusive talent management implementation)

Assurances

Internal:

- Diversity workforce dashboard reported to SWC
- Regular reporting of equalities progress against measures to level 2 and 1 committees
- Annual Equalities Action Plans revised and produced for WRES, WDES and GPG
- Staff survey results inform action planning

- EDI annual report to EDI committee / EDI group
- WRES/WDES DATA published action plan to QAC/SWC – highlight report that include assurance ratings.
- Staff survey report Trust Board – results
- WRES and WDES data reports to QAC (August 22)

Assurance Rating Green

External:

Source:

- System wide EDI Taskforce established and identified seven priority areas for implementation

Evidence:

- EDI Taskforce – highlight report assurance rating
- CQC feedback
- EDI projects and programmes being resourced and delivered across the system and internally
- WRES and WDES metrics have improved in most areas.

Assurance Rating Green

Gaps:

Actions

Date:	Actions:	Owner:	Progress:	Status
Mar 23	Feedback and impact review of the cultural competency programme for 22/23	Haseeb A		Amber
April 23	Review outputs of staff survey	HA and KB		Amber

Risk No: 74	Date included	29 November 2021	Date revised	19/01/2023	
Objective: E	Equality, Leadership, Culture				
Risk Title:	The impact of additional pressures on service delivery may compromise the health and wellbeing of our staff, leading to increased sickness levels.				
Risk owner:	Exec: Director of HR & OD		Local: Deputy Director of HR and OD		
Governance:	SWC, QAC / Board - Monthly Review				

	Consequence	Likelihood	Combined
Current Risk	3	3	9
Residual Risk	3	2	6

Tolerance Level Significant 16-20 (Appetite People - Seek)

Controls

Description:

- Wellbeing, sickness management policy
- Counselling service
- Anti bullying harassment and advice service
- Staff Physiotherapy scheme
- Health and wellbeing champions
- Leadership Behaviours Framework
- NHS People Plan national support
- Staff risk assessments / stress indicator
- System mental health HWB hub
- Mental health and Wellbeing Hub
- Occupational health service wellbeing strategy and implementation plan
- Occupational health department / Staff reps / Amica
- Health and Wellbeing Lead / People Promise Manager
- Rolling programme of health and wellbeing roadshows

Gaps:

- Impact of financial pressures on health and wellbeing

Assurances

Internal:	• Financial HWB support task and finish group • Daily Sickness absence monitoring • Sickness and workforce reports to SWC / QAC • Sickness reviews within divisions • Staff side – monthly meetings • Referrals to OH and Amica	Evidence: • Sickness absence rate LPT • Staff side – feedback • Action plan reporting through SG AND ICC • People plan • HWB Guardian update to Board	Assurance Rating Green
External	Source: • Be well midlands staff engagement process by NHSEI • NHSI reporting • LLR workforce group • Health and wellbeing taskforce group	Evidence: • NHSI benchmarking reports • Attendance at external NHSI wellbeing workshops • MHWB hub data	Assurance Rating Green
Gaps:			

Actions

Date:	Actions:	Action Owner:	Progress:	Status
Jan 23 Ongoing	• Task and finish group review financial HWB for staff	DN, KB and AH	Progressing with continuous review Ongoing	Green
	• Operational directorate focus on sickness levels over winter period	SL, HT and TH		Green

Risk No: 75	Date included	29 November 2021	Date revised	03/01/23	
Objective: A	Access to Services				
Risk Title:	Increasing numbers of patients on waiting lists and increasing lengths of delay in accessing services will mean that patients may not be able to access the right care at the right time and may lead to poor experience and harm.				
Risk owner:	Exec: Medical Director		Local: Operational Executive Directors		
Governance:	Access Delivery Group, FPC / Board - Monthly Review				

	Consequence	Likelihood	Combined
Current Risk	4	4	16
Residual Risk	4	2	8

Tolerance Level Significant 16-20 (Appetite Quality-Seek)

Controls	Description:	• Access Policy • Waiting list management approaches and Standardised Operational Processes applied to waiting lists in all services including waiting list validation, patient tracking lists, demand capacity modelling . • Trajectories in place to plot performance of waiting times improvement in prioritised services. • Service pathway re-design including measures as part of the Step up to Great MH transformation programme • System planning (design groups) established to manage patient flow and investment • 22/23 access priorities agreed and plans in place • Approaches in services to reduce risk of harm while waiting by supporting service users with appropriate information
	Gaps:	• Capacity and resources • Recurrent funding for non recurrent solutions • 23/24 access priorities to be agreed

Assurances	Internal:	Source: • Executive Management Board – Performance reviews • Directorate level deep dives. • Waiting time performance reported to Finance and Performance Committee • Checks of safety of patients waiting • Directorate risks including access where appropriate	Evidence: • Performance dashboards and reporting to DMTs, EMB and Trust Board • Trajectory for improvement and measurement against trajectory • Transformation plans	Assurance Rating Amber
	External:	Source: • Internal Audit – Remote Consultations 2022/23 • Internal Audit – Patient Experience 2022/23 significant assurance • CQC inspection • System performance monitoring • National benchmarking data • Quality / Contract Monitoring with ICB • LDA	Evidence: NHSE QRSM LDA regional oversight board delivery plan / metrics	Assurance Rating Amber
	Gaps:	• Access Delivery Group to be established (replaces Improving Access Committee)		

	Date:	Actions:	Owner:	Progress:	Status
Actions	Ongoing	Delivery of priority service plans (22/23) for reducing waiting lists FYPCLD – Comm Paeds / Audiology/ CAMHS Eating Disorders/CAMHS Access/SALT. Plans in place DMH – CMHT/ ADHD/memory assessment / TSPPD / CBT/DPS. Plans in place CHS – CINNS, Continence. Plans in place	Operational Directors	In progress – ongoing. Trajectories being determined and discussed at a newly convened Access Delivery Group and oversight at EMB	Amber
	Mar 23	Signed off plans for priority areas by end March 2023 DMH/CHS/FYPC			Amber

Risk No: 79	Date included	29.03.22	Date revised	11/01/23
Objective: G	Well Governed			
Risk Title:	The Cyber threat landscape is currently considered significant due to the geopolitical conflicts, high prevalence of cyber-attack vectors, increase in published vulnerabilities, etc which could lead to a significant impact on IT systems that support patient services and potential data breaches			
Risk owner:	Exec: Director of Finance & Performance/SIRO		Local: Head of Data Privacy	
Governance:	Data Privacy Committee, FPC/Bi-Monthly Review			

	Consequence	Likelihood	Combined
Current Risk	4	4	16
Residual Risk	4	3	12

Tolerance Level Significant 16-20 (Appetite Quality - Seek)

Controls

Description:

- Multiple tiers of controls including ongoing assessment and scanning of boundaries, geo-blocking and supporting information security policies
- Governance controls – reporting to Data Privacy and IM&T Committee on Cyber and Information Security / SIRO Structure / mandatory training / bespoke training
- Audits on Information Security Management System (ISMS), ISO, DSPT – with significant assurance
- Continuity Planning and Disaster Recovery – exercises and reviews. Business Continuity Plans for all services incl loss of IT systems in accordance with the EPRR Policy
- Incident Response capabilities – active real world testing e.g. Russian Attack
- Risk averse position taken in relation to mobile and remote working such as requests for working abroad with a default 'no' position
- Regular One Minute Brief messages and communications reminding staff how to recognise a potential Phishing email or request for credentials
- Increased collaborative working with other NHS organisations to share intelligence and learning
- Membership of Cyber Associated Network for early notification of national and local issues
- Authentication of identity at service desk contact – implementation of multifactor authentication at all levels of the organisation
- Where weaknesses/vulnerabilities are identified there is constant learning and immediate remediation plans in place
- Home working risk assessment includes confidentiality clauses and accessing clinical systems, which requires signature of staff member
- Phishing simulation exercise August 2022 enabled assessment of Trust's vulnerability – further planned

Gaps:

- Authentication of identity at service desk contact – implementation of multifactor authentication at all levels of the organisation
- Increase in NHS cyber threats seen in 2022
- Some staff clicked through links from August phishing exercise
- Staff continue to click through, as demonstrated in recent attack - c10% of staff who received the e-mail (similar % to August)
- Audit and assurance regarding the testing of Business Continuity Plans - feeding into the 2023/24 planning process for internal audit plan

Assurances

	Source:	Evidence:	
Internal:	Cyber security working group Bi-Monthly report to Data Privacy Committee LHIS re-accreditation of secure email system [ISO27000] and Cyber Essentials Consultancy Review and testing of disaster recovery and business continuity processes in response to real world testing Cyber metrics reported through DPC Dashboard Reporting of incidents	Accreditation reports Output reports and remediation plans Dashboard for Committee meeting Data breach reports to Data Privacy Committee Business Continuity plans Mandatory training compliance reports	Assurance Rating Green
External:	LHIS ISO Audit KPMG Understanding IT 21/22 Audit 360 Assurance DSPT Audit 21/22 DSPT submission – standards met 21/22 External scrutiny at multiple levels – Police Cyber resilience, National Cyber Security Centre (NCSC), BitSight assessment, NHS Secure Boundary scanning and reporting	Accreditation report Audit report Audit Report – substantial assurance NHS Digital submission	Assurance Rating Green
Gaps:			

Actions

Date:	Actions:	Action Owner:	Progress:	Status:
Jan 23	Consider approach to staff who repeatedly click through links	Chris Biddle	Additional training & targeting 'repeat offenders' & hot spots agreed	Green
Jan 23	Consider if more impactful comms are needed	Chris Biddle		Green
Mar 23	Joint exercise with HIS to test plans in the event of a cyber security breach	EPRR Lead / HIS	Approach agreed at DQC	Green

Risk No: 81	Date included	29 April 2022	Date revised	11/01/23
Objective: G	Well Governed			
Risk Title:	Inadequate control, reporting and management of the Trust's 2022/23 financial position could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy).			
Risk owner:	Exec: Director of Finance & Performance		Local: Deputy Director of Finance	
Governance:	FPC / Board monthly			

	Consequence	Likelihood	Combined
Current Risk	3	3	9
Residual Risk	3	3	9

Tolerance Level Moderate 9-11 (Appetite Financial-Cautious)

Controls

Description ..

- National planning guidance followed in preparation of the plan / LPT Financial & Operational Plan triangulated with workforce plan
- Standing Financial Instructions support control environment, Treasury management policy , cash flow forecasting ensure robust cash management
- Capital Financing strategy & plan in place / LPT draft medium term financial strategy in place & presented to Trust Board April 2022
- Revised forecast & recovery plan drafted in response to financial risks materialising in year
- 2023/24 planning guidance states that capital allocations will be based on delivery of either break even or NHSE agreed deficit positions

Gaps:

- Culture change required across system partners
- LLR ICB medium term capital strategy not yet in place
- LLR ICB medium term revenue strategy not yet in place
- LPT 22/23 April plan delivered a £1.4m deficit- revised breakeven, best endeavours plan submitted
- ICS Risk/gain share could adversely impact on LPT's financial position
- Operational pressures in DMH inpatient areas have led to overspends which cannot be fully mitigated by the Trust – Trust's likely case forecast has been revised to c£2.9m deficit
- Operating costs of the Beacon Unit significant exceed the cost per case income secured.
- ICB unmitigated pressure c£20m at month 9 (including LPT's likely forecast deficit)
- ICB risk share final date to be agreed to give organisations certainty around year end targets

ICB highest scored operational finance risks:

- Workforce recruitment and retention (score 16)
- Delivery of 22/23 financial plan (score 20)
- Urgent care pressure (score 16)

Assurances

Internal:

Source:
- Audit Committee
- Operational oversight & management of cost forecasts through Directorate Management Teams
- Capital Management Committee's oversight of capital delivery and agreed governance processes;
- Finance and Performance Committee report includes I & E, cash & capital reporting
- Delivery against recovery plan actions will be reported monthly via finance report
- LLR ICB Finance committee oversight

Evidence:
- Reports & updates from Internal & external auditors
- Monthly Director of Finance report to FPC / Trust Board – highlight report assurance rating Red (FPC - August 2022)
- Ongoing oversight and management of all aspects of financial position against plans
- Monthly reports to OEB/SEB/FPC/Board/ICB finance committee on all aspects of delivery against plan
- Mitigation plans for capital and revenue to ensure plans are delivered
- MHOST safer staffing review completed for Beacon (to Trust Board in Jan 23

Assurance Rating Green

External:

Source:
- KPMG audit of 2021/22 annual accounts and value for money conclusion
- Internal Audit Report 2021/22: Key financial systems
- Internal Audit Report 2021/22: Integrity of the general ledger and financial reporting
- Internal Audit Report 2021/22: Capital expenditure processes
- HFMA checklist audit Q3 22/23

Evidence:
- 2021/22 annual accounts unqualified opinion
- Significant assurance
- Significant assurance
- significant assurance
- 360 Assurance review complete, report issued & presented to Dec Audit Committee

Assurance Rating Green

Gaps: If the Trust moves to a deficit, it will break the in year duty to break even, but the statutory duty is to deliver break even "taking one financial year with another". The Trust will have a 2 year period to return to surplus to ensure that the statutory duty can still be achieved.

Actions

Date:	Actions:	Action Owner:	Progress:	Status
Mar 23	• Contribute to LLR ICB capital & financial strategy development	SM	Ongoing	Green
Mar 23	• Revise LPT medium term capital & financial strategy to ensure alignment with ICS strategy	SM	Will be drafted alongside 23/24 plan	Green
Mar 23	• Continued monitoring and management of all aspects of the Trust's delivery of the financial plan, including recovery actions		Ongoing – Board approved a change in Forecast outturn on 13/12/22	Green
Mar 23	• Review contractual arrangements for the Beacon Unit	SM HT		Green

Risk No: 83	Date included	August 2022	Date revised	19/01/2023
Objective: S	High Standards			
Risk Title:	Restricted access and use of electronic patient record systems will result in incomplete electronic patient records including the recording of physical observations. This will impact on the delivery of effective and safe patient care			
Risk owner:	Exec Lead: Director of Strategy and Business Development			
Governance:	EMB/FPC/ Board monthly			

	Consequence	Likelihood	Combined
Current Risk	4	4	16
Residual Risk	4	3	12

Tolerance level Significant 16-20 (Appetite Quality-Seek)

Controls

Description ..

- Ward staff can contact LHIS (including OOH) to gain temporary, emergency access for staff, to use both SystmOne and Brigid
- Online training available – links are on the Kn (knowledge) base button, on SystmOne home screen. This is available to all SystmOne users.
- Business Continuity Plans implemented in event of handset failure (paper charts)
- Desktop and laptops available to record observations in some wards

Gaps:

- WiFi access inconsistent across LPT sites
- RA sponsor required to manage the access request. Currently, there are gaps in some services, of adequate numbers of RA sponsors.
- Mobile phone displays difficult to read and use causing incorrect options to be chosen e.g. observations.
- Staff may not be aware of training resources / support materials / Not all areas have SystmOne superusers/ champions
- Agency staff can only access the system by logging into an active SystmOne account
- Scanning not completed in a timely way due to mitigation of internet access being revert to paper records.
- Unconfirmed potential for improvements to be made by updating the handheld devices/phones, from Motorola to Samsung
- In consistent trust wide method of recording bedside observations for patients when Brigid/WIFI not working
- Ward staff access to the physical handsets and/or log in for temporary staff
- Impact of reduced access to systems results in reduced access to nurse in charge alerts
- Handset devices are not of adequate standard / Not enough access to desktops or laptops on wards for when devices are not working.
- Bank/agency staff can login on Brigid using other staff member log in details (safety and legal implications)

Assurances

Internal:	Source: Incidents relating to access to IT systems Serious incidents reporting difficulties in access to IT systems	Evidence: Patient Safety Patient Safety	Assurance Rating Amber
External:	Source: CQC inspections/MHA visits	Evidence: CQC inspection report 2022	Assurance Rating Amber
Gaps:			

Actions

Date:	Actions:	Action Owner	Progress:	Status
Feb 23	• Quantify gaps in RA sponsors across the Directorates and recruit RA sponsors	T. Singh/CSOs by Directorates	• Progress revised to Feb 2023 for further review next month	Amber
Feb 23	• Identifying champions and super users in clinical areas and do they understand their role	Csos by Directorates		
Feb 23	• Process for agency staff to identify and access RA sponsors to be clarified and published	Ops Directors		
Feb 23	• Reminders for staff re training resources	Ops Directors		
Feb 23	• Identifying training requirements and support materials / accessibility / format	J. Hames and CSOs		
Feb 23	• Supporting agency staff to access training and support materials prior to shift	CSS		
Feb 23	• Agency staff contract management to ensure staff have a smartcard prior to booking a shift	CSS		
Feb 23	• Staff behaviours programme	CSOS/Team Leaders / charge nurses		
Feb 23	• Process for reviewing SOP for authorisation	CSS		
Feb 23	• LPT IG/DPO to consider review of SystmOne access versus data privacy	Tirath Singh		
Feb 23	• Ensure that resolution of access issues mitigates scanning risk			
Feb 23	• Training information being sent out to staff via CSS.			
Feb 23	• HIS scoping handset options for Brigid			

Risk No: 84	Date included	August 2022	Date revised	19/01/2023
Objective: S	High Standards			
Risk Title:	A high vacancy rate for registered nurses, AHPs, HCSWs and medical staff, is leading to high temporary staff usage, which may impact on the quality of patient outcomes, safety, quality and experience.			
Risk owner:	Exec: Director of Nursing, AHPs and Quality		Local: Assistant Director of Nursing & Quality	
Governance:	Quality Forum, SWC/QAC /Board - Monthly Review			

	Consequence	Likelihood	Combined
Current Risk	4	4	16
Residual Risk	4	2	8

Tolerance Level Significant 16-20 (Appetite People-Seek)

Controls

Description:

- Safe staffing policy
- Revised dynamic risk assessment process for additional staffing requests
- Safer Staffing Board Assurance Framework November 2021
- Weekly safer staffing and safety huddle
- Staff forecasting and quality impact assessments
- Daily operational management processes
- Decision tool and escalation framework for resolution of staff shortages
- Staffing escalation plans for business continuity and surge plans
- Winter plan
- Nurse in charge with clear roles and responsibilities to check staffing meets individual care needs
- Clear induction policy for substantive and temporary staffing including agency staff
- Direct support programme with NHSE for reducing HCA vacancies
- Nursing and midwifery self assessment tool – NHSE / workforce leads
- Enhanced training programme for Bank staff
- International nursing recruitment programme

Gaps:

- National and local workforce shortages – particularly in LD, mental health, medical mental health workforce, AHPs (OT and Physiotherapy) and community nursing
- Increased pressure on staffing capacity winter/covid

Assurances

	Source:	Evidence:	
Internal:	Bank clinical supervision report to the professional standards group with themes and trends for monitoring bank staff induction, support and skills Daily safe staffing huddle, Winter Preparedness 2021 Nursing Safer Staffing BAF November 2021, National safe staffing return Monthly Safe staffing report including monitoring harm / nurse sensitive indicators Reporting to Trust Board and level 1 assurance committee	• Self-assessment complete 4 key themes to enhance assurance, action plan developed • Weekly situational and forecast staffing meeting • Workforce and Agency Reduction Plan to QAC and FPC (August 22)	Assurance Rating Green
External ..	• Internal Audit – Agency Staffing due Q3 2022/23 • National reporting – fill rates and care hours per patient day - NHSE		Assurance Rating Amber
Gaps:			

Actions

Date:	Actions:	Action Owner:	Progress:	Status
Feb 23	Embedding of Schwartz Rounds	D Rennie Sarah Willis	On track with project groups in place – training planned for new year	Green
Jan 23	Delivery of the recruitment and agency plan link to (risk 85).		In progress	Amber
March 23	Delivery of actions from the Nursing and midwifery self assessment tool	E.Wallis	Action plan being developed and will feed into SWC (March 23)	Amber
May 2023	Implementation of the Foundations for Great Nursing Care Programme and Daisy award celebrating excellence in nursing care	E. Wallis	In progress	Amber

Risk No: 85	Date included	August 2022	Date revised	11/01/23
Objective: S	Well Governed			
Risk Title:	High agency usage is resulting in high spend, which may impact on the delivery of our financial targets for 2022/23			
Risk owner:	Exec: Director of Finance / Director HR		Local: Deputy Director of Finance	
Governance:	EMB/FPC/Board - Monthly Review			

	Consequence	Likelihood	Combined
Current Risk	4	5	20
Residual Risk	4	4	16

Tolerance Level Moderate 9-11 (Appetite Financial-Cautious)

Controls

Description:

LPT Controls

- DRA process ensures all agency shifts appropriately approved against establishment
- Agency spend separately coded on ledger
- Budget reports show agency spend by cost centre & reviewed by budget holders & management accountants
- Pre-approval process for all non clinical agency staff prior to NHSE approval being sought
- HCL master vend approach ensures agreed rates paid for staff
- Reducing reliance on agency project clearly defined with specific financial target for spend reduction & specific actions
- Agency estimated WTE included on cost centre reports to highlight total level of staffing being used compared to budget
- Establishment control approach put in place to reconcile finance and HR information through ESR and arrive at an accurate staffing picture
- Recruitment plans in place to address administration HCA/HCSW vacancies to zero, and reduce vacancies in other high agency usage workforces
- Budget holder training & 'back to basics' finance engagement programme.

Gaps:

- Off framework agency does not conform to NHSE price caps
- Gaps in establishment in ESR & General ledger reconciliation; staff could be working to different views of the funded establishment
- Operational pressures could lead to higher than planned agency use
- Agency reduction required to deliver 22/23 plan is a material decrease on current usage
- Budget holder training could be out of date/new budget holders may not have received training during Covid
- Agency spend is not decreasing fast enough to deliver LPT 22/23 plan value £23m & is contributing to the Trust's forecast deficit

Assurances

	Source:	Evidence:	
Internal:	• Reducing reliance on agency project QI approach & reporting • Operational oversight & management of cost forecasts through Directorate Management Teams • Finance and Performance Committee report includes agency reporting • LLR ICB Finance committee oversight	• Progress reporting to EMB including deep dive in December 22 • Workforce and agency reduction plan • Monthly reports to OEB/SEB/FPC/Board/ICB finance committee on all aspects of delivery against financial plan, including agency • Mitigation plans for revenue to demonstrate requirements for financial plan delivery, including agency targets	Assurance Rating Green
External:	• NHSE monitoring of system delivery against Agency ceiling • 360 Assurance audit for agency staffing planned for Q4 – ToR approved		Assurance Rating Amber
Gaps:			

Actions

Date:	Actions:	Action Owner:	Progress:	Status
March 23	Implement actions from the Workforce and Agency Reduction Plan	Sarah Willis	All actions progressing	Green
Ongoing	Stop off framework agency use	Directorates	"	Green
Jan 23	Recruitment of additional capacity in recruitment	Sarah Willis	"	Green
Jan 23	Review RRP schemes available to substantive and bank staff	SW	Review progress month from January 2023	Green
Jan 23 start	Implement new rolling programme of bank recruitment	SW		Green

Risk No: 86	Date included	14/09/22	Date revised	05/01/23
Objective: S	High Standards			
Risk Title:	A lack of capacity within the workforce model and a high vacancy rate is reducing our ability to assess and follow up patients in community mental health services in a timely way, impacting on the safety of care and the mental wellbeing for our patients.			
Risk owner:	Exec Lead: Medical Director		Local: Clinical Director – Planned Care	
Governance:	EMB/QAC/ Board monthly			

	Consequence	Likelihood	Combined
Current Risk	4	5	20
Residual Risk	4	4	16

Tolerance level Significant 16-20 (Appetite Quality-Seek)

Controls

Description:

- CMHT task and finish group
- A Planned Treatment and Recovery Team rapid response task and finish group
- Skill mix and career pathway task and finish group
- Workforce solutions in recruitment is supported by Trust policies and processes
- Crisis Team joint referral SOP
- Revised Duty System across all CMHTs
- CMHT workforce and risk assessment action plan
- Mental Health multi professional workforce plan
- pathway for overseas recruitment of consultant psychiatrists
- SUTG MH Transformation Programme
- Revised level 2 Waiting Times Delivery Group chaired by the Interim Medical Director

Gaps:

- Consultant Psychiatrist vacancies across the AMH planned care teams, the use of locums and the increasing difficulty in recruiting both substantive and locum staff
- Impact of transformation work to move the CMHTs to Planned Treatment and Recovery Teams
- Increased waiting times with repeated cancellations of clinics
- Temporary staff do not always have Approved Clinician status and managing patients on CTOs
- Workforce availability of staff with other skills/ knowledge – NMP's, ACP'S, AC's, Physician Associates, Pharmacists.

Assurances

Internal:	Source: • Operational risk 5087 Planned Treatment and Recovery Teams Staffing Risk • Review of measures including complaints, incidents and learning from deaths reported monthly through Quality and Safety DMT. • Cancelled clinics and waiting time data reported monthly through performance and finance DMT. • Quality summits – March 22 and September 22 • Caseload reviews progressing – not yet concluded • CMHT workforce and risk assessment action plan	Evidence: • SEB paper Addressing the Consultant Psychiatrist vacancies in DMH – current issues, plans and next steps 1 July 2022 • CMHT Risk Paper to DMT in August 2022. • Quality Summit briefing to SEB May 2022	Assurance Rating Amber
External ..	Source:	Evidence:	Assurance Rating Amber
Gaps:			

Actions

Date:	Actions:	Action Owner	Progress:	Status
Feb 23	Physician Associate recruitment plan	Saquib Muhammad	• Ongoing recruitment progressing – review in Feb	Amber
Jan 23	Delivery of an improvement plan to address risks and support transformation	John Edwards	• Ongoing delivery – review in Jan	Amber

Risk No: 87	Date included	18 November 2022	Date revised	19/01/2023
Objective: E	Environments			
Risk Title:	Following the establishment of a new FM service, there is a risk of unknown issues based on historical maintenance resulting in the Trust not meeting its quality standards or requirements.			
Risk owner:	Exec: Chief Finance Officer		Local: Associate Director Estates & Facilities	
Governance:	Estates Committee, FPC / Board - Monthly Review			

	Consequence	Likelihood	Combined
Current Risk	4	4	16
Residual Risk	4	3	12

Tolerance Level Significant 16-20 (Appetite Quality-Seek)

Controls	Description:	• Relentless focus on driving up standards, with governance through EMEC • Increased property manager capacity to work with Operational teams on estates management • Compliance manager in post to oversee the data provided by contractors and escalate high risk areas requiring maintenance • New in-house senior team • Performance metrics with full data availability in development from 1 November 2022
	Gaps:	• Inherited and unquantified unknown issues

Assurances	Internal:	Source: FM Oversight Group Estates and Medical Equipment Committee FPC Estates risk register	Evidence: • In house data (from 1 November 2022) • Ongoing review of audit actions • Monthly estates updates including health and safety reviews • FPC estates updates	Assurance Rating Amber
	External:	Source: • CQC inspection 2021	Evidence: • CQC report	Assurance Rating Amber
	Gaps:	• Missing historical data from previous FM provider		

Actions	Date:	Actions:	Action Owner:	Progress:	Status
	January 2023	Process for regular oversight of performance metrics as data is collated from 1 November 2022	Paul Sheldon	EMIC – PS (review of first 3 months data)	Amber
	January 2023	Appointments to senior team and onboarding of new staff from January	Paul Sheldon	Progressing	Amber
	Ongoing	Compliance and safety testing	Paul Sheldon	Ongoing – no finish date. Work started and becoming business as usual	Amber

Risk No: 88	Date included	29.11.22	Date revised	19/01/23
Objective: S	High Standards			
Risk Title:	Risk of closed cultures within services that may lead to poor patient, staff and family experience and organisational and reputational risk.			
Risk owner:	Exec Lead: Director of Nursing, AHPs and Quality	Local: Group Director of Patient Safety		
Governance:	EMB/QAC/ Board monthly			

	Consequence	Likelihood	Combined
Current Risk	4	3	12
Residual Risk	4	2	8

Tolerance level Significant 16-20 (Appetite Quality-Seek)

Controls

Description:

- Governance processes and systems (Board to Ward)
- Recruitment and HR processes
- NHS staff survey
- Complaints & PALS processes
- Patient safety investigations, human factors and learning lessons processes
- Freedom to speak up processes and culture
- Cultural change workstream
- Ongoing work to reduce restrictive practices such as seclusion and long-term segregation
- Audits, practice and application of the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards. This includes application, where required, of Gillick competency and Fraser Guidelines.
- Practice and application of safeguarding processes
- Advocacy support to service users and families
- Community Education Treatment Reviews in Learning Disability Services
- External scrutiny and visits from commissioners, regulators and local authority safeguarding
- Service led self-assessment and quality assurance processes and accreditation programmes
- Service visits by Executive team, Non-Executive Directors, and Governors
- Quality summits and associated improvement programmes within directorates

Gaps:

- Recognition of closed cultures is not built into staff induction and training, including for bank & agency staff.
- output of recommendations from quality and safety review
- Ability to easily triangulate information

Assurances

Internal:	Source: • Trust governance (committees, sub-committees, directorate level) • Patient safety, patient experience & safeguarding groups • Self-assessment & accreditation processes	Evidence: • Minutes from governance meetings and committees	Assurance Rating Amber
External:	Source: • CQC/MHA visits • Commissioner/LA safeguarding visits	Evidence: • CQC reports • Commissioner feedback/Safeguarding reviews	Assurance Rating Amber
Gaps:			

Actions

Date:	Actions:	Action Owner	Progress:	Status
Feb 23	• Delivery of recommendations from Quality & Safety review	James Mullins	• Recommendations going to SEB in Feb 2023 • In progress	Amber
Mar 23	• Explore the development of an early warning indicator dataset	James Mullins		Amber

Risk Scoring and Appetite

Leicestershire Partnership NHS Trust

Risk Scoring Matrix

The following matrix is used to grade risk
The scores obtained from individual consequence and likelihood risk scoring are assigned grades as follows;
1 Very Low (green)
2 Low (yellow)
3 Moderate (Amber)
4 High (red)
5 Significant (red)

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

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

Risk Appetite and Tolerance Level

Risk type	Appetite level	Appetite Descriptor	Tolerance	Tolerance Descriptor
Financial	Cautious	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	Moderate 9-11	Preference for sage delivery options hath have a low degree of residual risk and only a limited reward potential.
Regulatory	Cautious	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	Moderate 9-11	Preference for sage delivery options hath have a low degree of residual risk and only a limited reward potential.
Quality	Seek	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	Significant 16-20	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).
Reputational	Cautious	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	Moderate 9-11	Preference for sage delivery options hath have a low degree of residual risk and only a limited reward potential.
People	Seek	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	Significant 16-20	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).

Based on the risk appetite matrix produced by the Good Governance Institute

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Trust Board 31 January 2023

Corporate Governance Structure

Purpose of the report

To outline key changes to the governance structure for formal approval.

Analysis of the issue

Following a review of the level 1 and 2 corporate governance structure, opportunities for further maturity and development were subject to an informal discussion held by the Executive Team in May 2022. This resulted in a number of potential next steps being identified for further exploration. These were subsequently discussed at Trust Board development sessions and the Strategic Executive Board throughout the year. In December 2022, at the Trust Board development session, a number of key changes were agreed, these are outlined in the proposal below for final formal approval.

Proposal

Five key changes are proposed:

1. Introduce a new level 1 'People and Culture Committee' to focus on this consistent area of high risk. To be held on the same day as QAC/FPC with a separate Chair whilst ensuring NED cross cover. We are proposing that Ruth Marchington Chair this Committee and a draft Terms of Reference is provided in Appendix One.

   In addition, the Terms of Reference for the Quality Assurance Committee will be revised and reviewed by the Committee in February 2023.

   The level 2 Workforce Group and Quality Forum will also receive updated Terms of Reference for review and approval at their next meetings to ensure that the relevant items are feeding into the respective committees.

2. Disband the Policy Committee and re-route policies though the parent level 1 committees to promote accountability and oversight following the relevant level 2/3 sign off and consultation. This forms part of a wider policy improvement programme which is underway.

3. Introduce a level 2 Collaboratives Oversight Group to provide assurance to FPC that leadership of ICS Collaboratives and Provider Collaboratives is delivering safe, caring, responsive, effective care and well led services. This will start to feed into FPC from February 2023.

4. Re-instate the Access Committee. A Terms of Reference has been approved by the Executive Management Board and the new Group will meet in February/March 2023.

5. Renaming of level 1 and 2 groups to emphasis the distinction between assurance committees and delivery groups and the following proposal to rename;

   - The Quality Assurance Committee to become the Quality and Safety Committee
   - The Audit and Assurance Committee to become the Audit and Risk Committee

Decisions required

Approval for the key changes outlined above, and the Terms of Reference for the People and Culture Committee (appendix one)

Appendix One – People and Culture Committee Terms of Reference

People and Culture Committee

Terms of Reference

References to 'the Committee' shall mean the People and Culture Committee

Purpose of Committee

The People and Culture Committee is a Level 1 sub-committee of the Trust Board and will exercise its delegated authority in line with the standing orders of the Trust Board and its approved Terms of Reference. Its principal purpose is the provision of assurance to the Trust Board on the mitigation of risks relating to people and culture.

The Committee will assess at each meeting the level of assurance it has received from the reports presented to it and identify if it was assured, partly, or not assured. Areas where insufficient assurance has been received and a brief commentary on actions to be taken as a result will be highlighted to the Board.

The Committee reserves the right to commission further pieces of work to obtain further assurance.

Duties

The Committee will receive highlight reports, and an annual committee review from the level 2 Workforce Group.

It will routinely receive;

- Information on the Organisational Risk Register (ORR) risk relating to people and culture.
- Assurance reports on risks identified on the Organisational Risk Register (ORR) relating to people and culture which are high or significant (ie rated RED).
- Assurance reports on escalations from the level 2 workforce group.
- Statutory reports required as subgroup of the Trust board including;
    - Guardian for Safer Working six monthly report
    - Staff side facilities statement annual report
    - Safe and Effective Staffing Review six monthly report

Membership and Secretary

The members and in attendance membership of the Committee is listed in Appendix 1. Membership of the Committee will be reviewed and agreed annually with the Trust Board.

The Chair of the Committee shall be one of the independent Non-Executive Directors selected by the Chair of the Trust Board. In their absence their place will be taken by another independent Non-Executive Director. NED attendance will provide cross cover with both the Quality Assurance Committee and the Finance and Performance Committee.

The Committee shall be supported administratively by the corporate secretariat. This includes production of the Committee information pack and papers to be circulated within 7 days prior to the meeting, attend the meetings to take the minutes, keep a record of matters

arising and issues to be carried forward and generally provide support to the Chair and members of the Committee.

The agenda will be agreed with the Chair following consultation with the Director of HR and OD.

Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda and supporting papers will be forwarded to each member of the Committee, and any other person required to attend, no later than 5 working days before the date of the meeting.

The agenda for each meeting will include an item 'Declarations of interest in respect of items on the agenda'. Any declarations made will be recorded in the minutes of the meeting.

Minutes of Committee meetings shall be circulated promptly to all members of the Committee.

Quorum

The quorum necessary for the transaction of business shall be three and must include a Non-executive Director and a Director of HR and OD or Deputy. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

Frequency

The Committee shall meet bimonthly (not less than 6 times a year) and at such other times as the Chair of the Committee shall require at the exigency of the business. Members will be expected to attend at least three-quarters (75%) of all meetings.

Annual Review

The Committee shall, at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Trust Board for approval.

Membership of the Committee

	Workforce Committee
Membership	• NED **(chair)** • NED x 1 • Director of HR and OD **(Executive Lead)** • Director of Nursing, AHPs and Quality • Medical Director • Operational Directors • Director of Governance and Risk
In attendance	• Deputy Director of Nursing, AHP & Quality • Deputy Director of Governance and Risk • Head of Equality, Diversity and Inclusion • Directorate representation • Other managers will be invited to attend as and when required
Frequency	Not less than 6 times per 12 months
Day and times	The last Tuesday of every other month 12-1pm

Governance table

For Board and Board Committees:	Trust Board 31 January 2023	
Paper sponsored by:	Chris Oakes, Director of Governance and Risk	
Paper authored by:	Kate Dyer, Deputy Director of Governance and Risk	
Date submitted:	23 January 2023	
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	One off	
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	Yes
	Reaching Out	
	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:	NA	
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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WeAreLPT
compassion respect
integrity trust

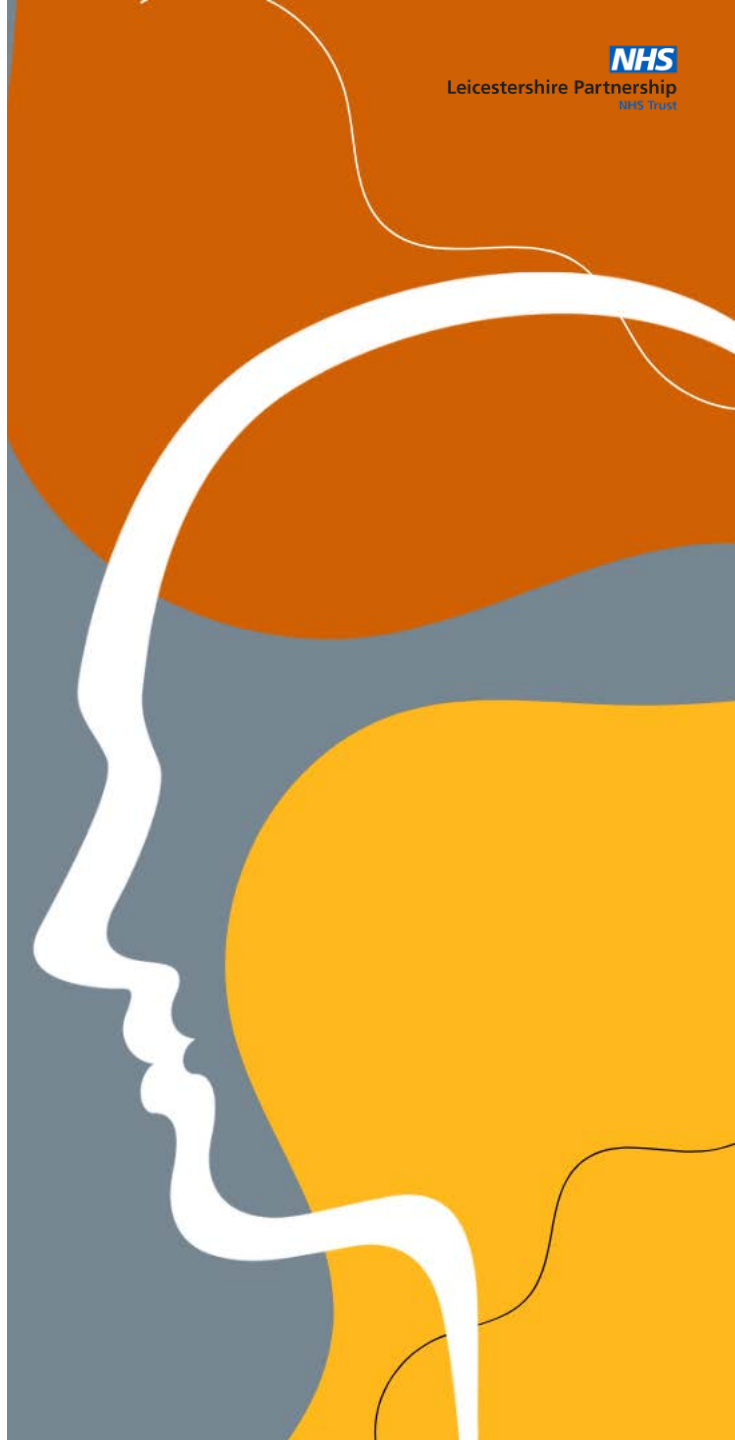
STEP up to GREAT

Better Mental Health For all

NHS
Leicestershire Partnership
NHS Trust

MH Transformation

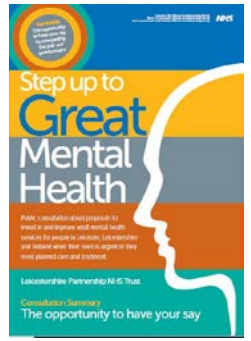
Update January 2023



Drivers for Transformation

1. Delivering on the agreements from the public consultation

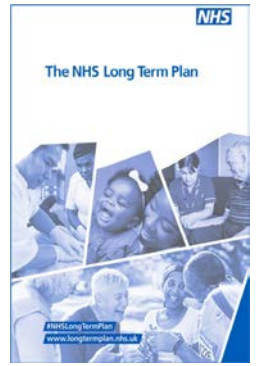
These were laid out in the Decision-Making Business Case which was approved in December 2021 by the CCGs Board and they focused on changes to urgent and emergency care and to planned treatment and recovery teams.



2. Continuing to address the improvements needed across our mental health services

There were many areas of mental health services that need improvement, many of which were picked up in the public consultation, ongoing feedback, through CQC inspections, performance monitoring and through risk management processes.

a. People had told us that our services were fragmented, difficult to access and not always available within the community. They told us that they wanted to receive the right support first time, move between services without starting again, and step up and down as needed.
b. Our staff **to**ld us that they were overwhelmed by their high caseloads and wanted to eradicate the lengthy internal waits for some patients. Staff also told us that the distribution of caseloads were not always based on need and leading to inequality and sometimes wasteful resource management.
c. We underperform against some national targets and were an outlier in terms of long access waits.
d. We need to continue the improvement journey noted by the CQC in their 2021 inspection of mental health services to move to move from requires improvement for well-led, safe, effective and responsive to good or outstanding.
e. There are also key risks to attend to that are described in the Organisational Risk register (ORR**)** these include challenges with workforce, caseload sizes, waiting times and quality concerns within community mental health teams.



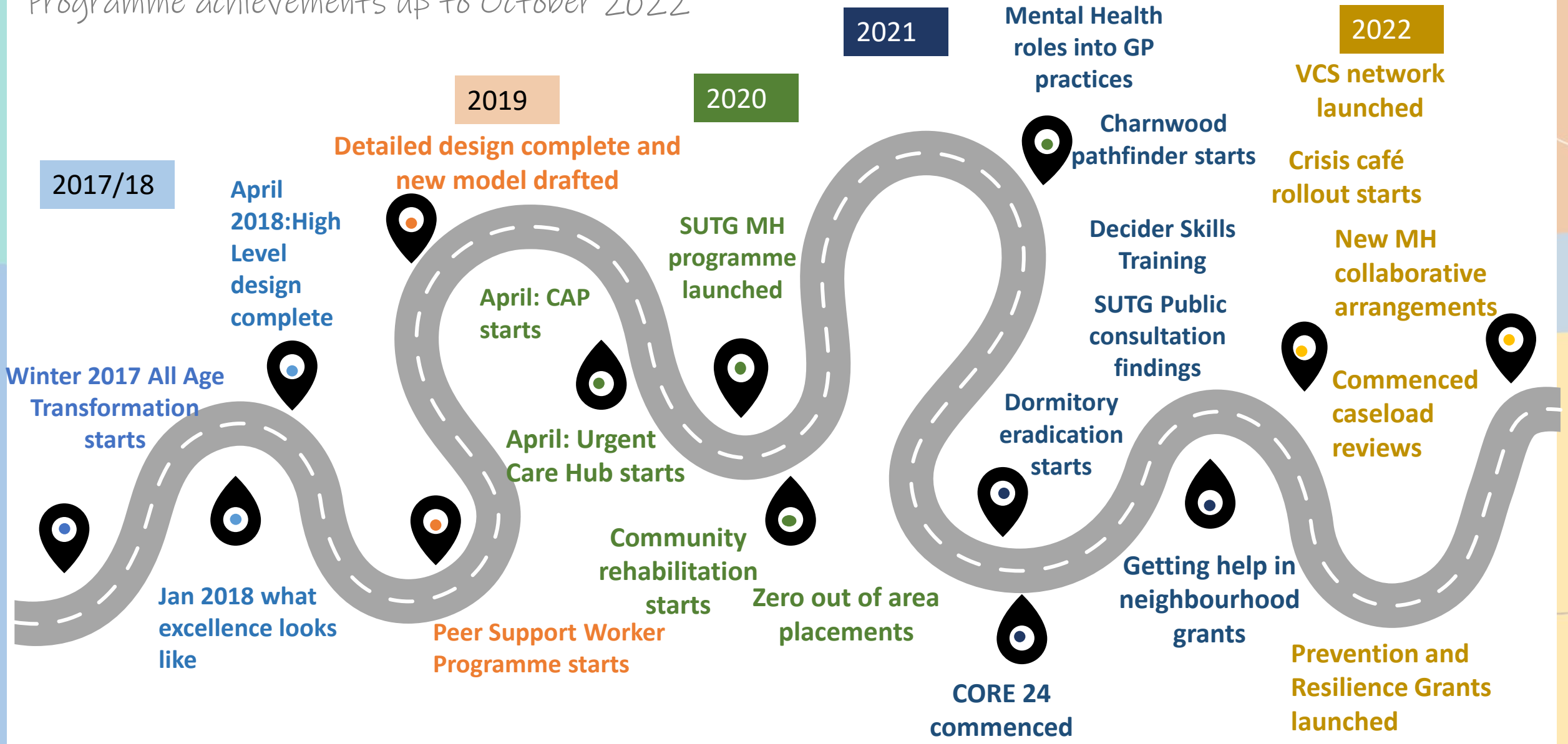
3. National plans and strategies

Many of the improvements set out in our transformation plans are driven by national strategies, most notably the Long Term Plan (LTP) and its NHS Mental Health Implementation Plan 2019/20 – 2023/24 which was published in July 2019. This set out the way that mental health services would be transformed with additional ringfenced funding worth at least £2.3 billion a year in real terms by 2023/24.

The Children and Young People's agenda is informed by Future in Mind is a 2021 government report that sets out the case for change in delivery of mental health services for children and young people. It makes recommendations around improving early intervention and prevention; simplifying structures and improving access; sustaining a culture of evidence-based service improvements; and better joining up of services.

Achievements to date

Programme achievements up to October 2022



Progress against public consultation outcomes

Introduction of a Central Access Point ✓	Supporting people in a crisis in an emergency department setting ✓	Introduction of Urgent Care Hub for Mental Health ✓	Expanding the number of crisis cafes ↗ - 11 new	Improving and expanding crisis services ✓
Improve services in a crisis for older people • • • Plan underway	Introduction of more intensive support for vulnerable people • • • Plan underway	Expanding the hours of the police triage car ✓	Introducing more support to help people to support themselves ↗ First version of online platform in place	Create eight new Treatment and Recovery Teams based across LLR • • • Plan underway
Improve service for people with Personality Disorder particularly reducing waiting times ↗ SCM started ↗ Reduced waits	Expand perinatal services ↗ Increased recruitment	Introduce maternal outreach service ✓	Enhance memory service • • • Improvement plan in place	Introduce enhanced recovery (community rehabilitation) ✓
Right digital offer ↗ blueprint and plan agreed	We must deliver change with and for the local communities ↗ Progressing with neighbourhood networks	We must support families and carers to be a partner in care and support their needs better • Targeted focus built into phase 2 planning	We must make it easy for people to know what they can use to help them and to access that help ↗ Co-developed communication approach with VCS	All partners need to work as one to make this all joined up ↗ New collaborative arrangements commenced

To deliver and integrate community Mental Health services into neighbourhoods to meet the needs of local populations

Progress

Strengthening VCS offers:

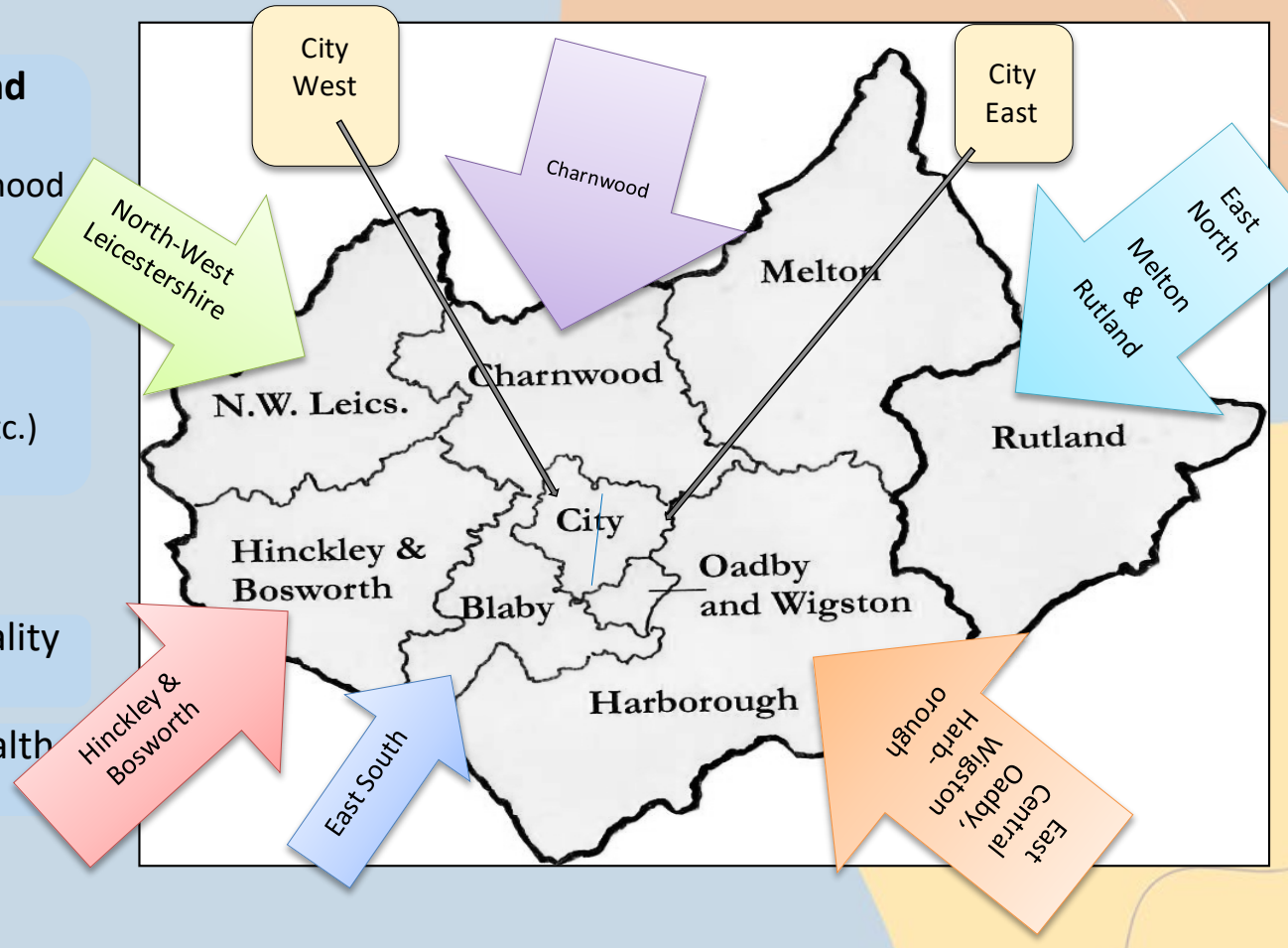
- 28 additionally funded
- 17,873 visits & sessions in first 6 months
- >2000 1-2-1
- >300 active volunteers

Better Understanding and planning for need:

- Profiles for each neighbourhood
- Neighbourhood networks
- Workforce modelling

Preparing & involving staff for change:

- Workshops and OD sessions
- QI projects (consulter assessments, discharge pathways, caseload review etc.)
- New neighbourhood leads recruited



By 31st March 2023

The first Treatment and Recovery Team is started through use of quality improvement cycle

23 further VCS organisations funded to deliver improved mental health in neighbourhoods

By 31st March 2024

All Treatment and recovery teams in place and operating

To meet people's urgent mental health needs better locally through cafes

Progress

First cohort of new cafes:

- 11 additionally funded and implemented cafes across City and County and with Universities

By 31st March 2023

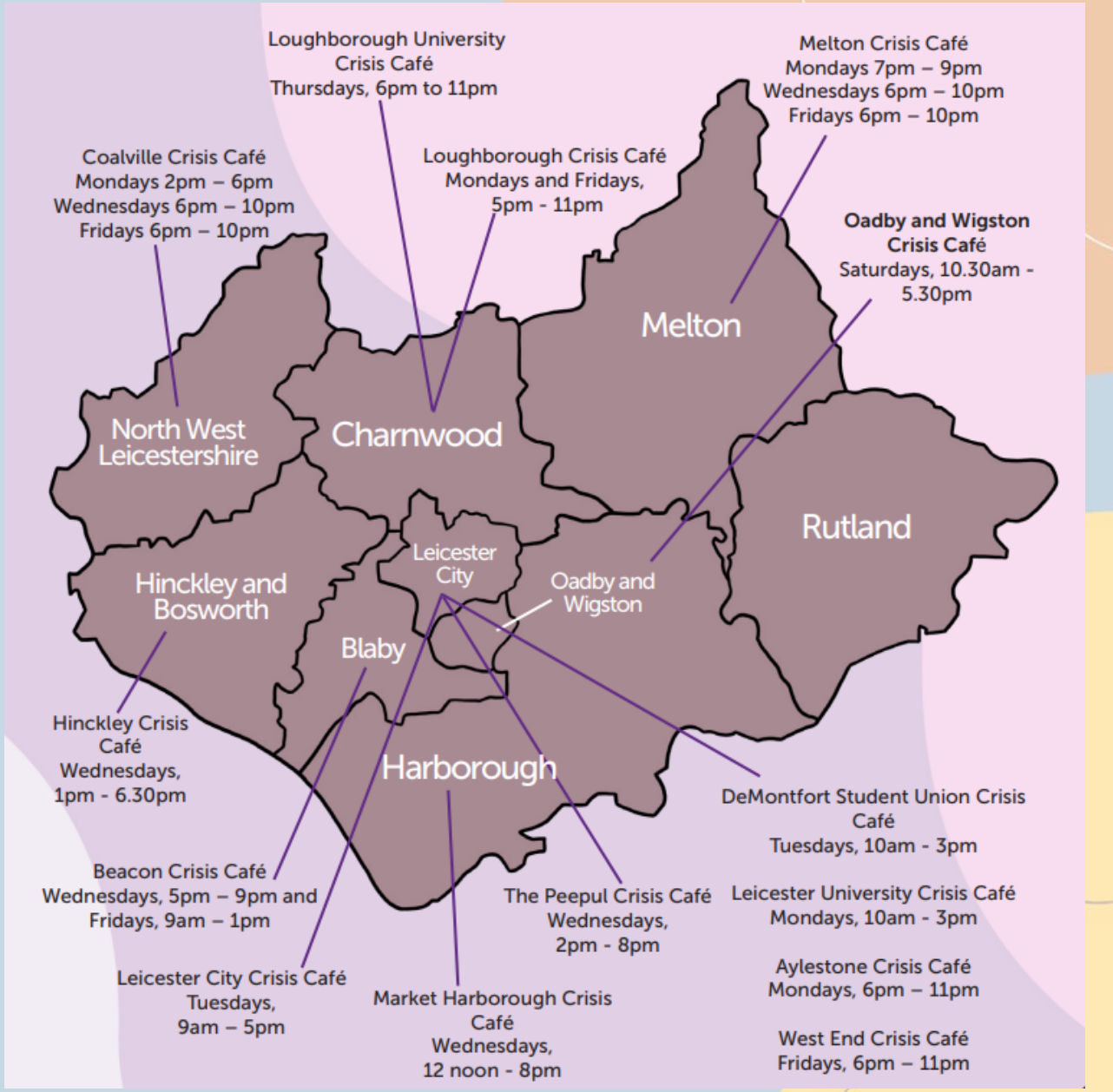
Awarded second cohort of new cafes (to get to at least 25 for Leicester, Leicestershire & Rutland)

By 31st March 2024

Implementation of second cohort of new cafes

Evaluated, refined and enhanced the offer across the neighbourhoods to:

- Ensure coverage of needs and equity of access (day, time and setting)
- Ensure reliable No Wrong Door working, integration with new neighbourhood teams and diversity of offers as needed for local population
- Ensure long-term sustainability of partners and provision



To better meet the needs of people with complex emotional needs (personality disorder)

Progress

Strengthening workforce:

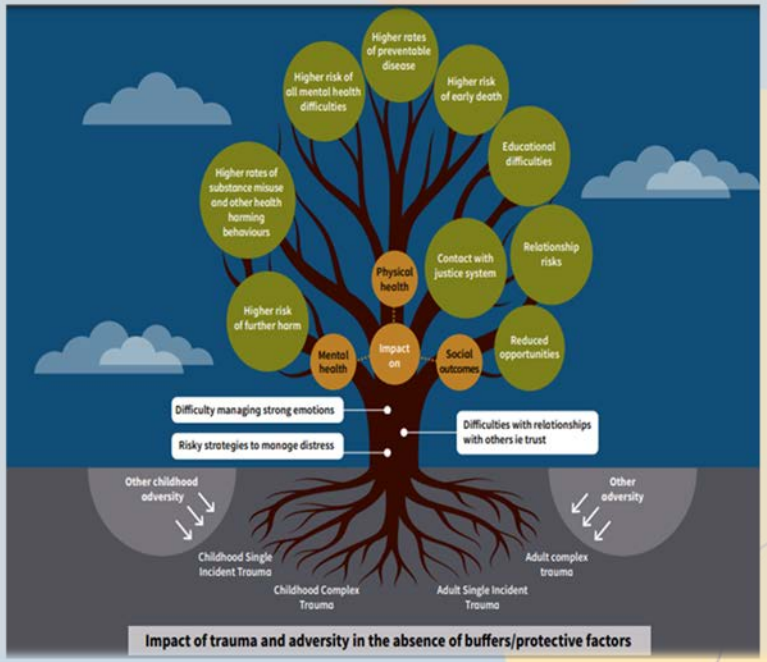
- Recruited and allocated band 7 to each neighbourhood to support delivery of Tier 1 and 2
- Dedicated staff trained with Decider skills, Structured Clinical Management (SCM) and/or Mentalisation Based Therapy (MBT)
- Training of wider staff on psychological skills (decider skills) to increase confidence and capability of wider workforce on interactions with people with complex emotional needs

Agreement on expanded Tier 1 offer

- Signed off expansion of psychological services within community (IAPT – Improving Access to Psychological Therapies - 3+) picking up

Pathway introduction wait reduction

- Introduced shortened SCM with strong evaluation of improved outcomes
- Introducing ‘consulter’ model of joint assessment for people with complex emotional needs in community teams and undertaken ‘assessment weeks’ significantly reducing the number of people waiting for initial assessment
- Increased provision and accessibility of Tier 3 therapy through introduction of MBT



By 31st March 2023

Recruited Band 6 roles across each neighbourhood team to increase capacity for Tier 1 and 2 therapies

By 31st March 2024

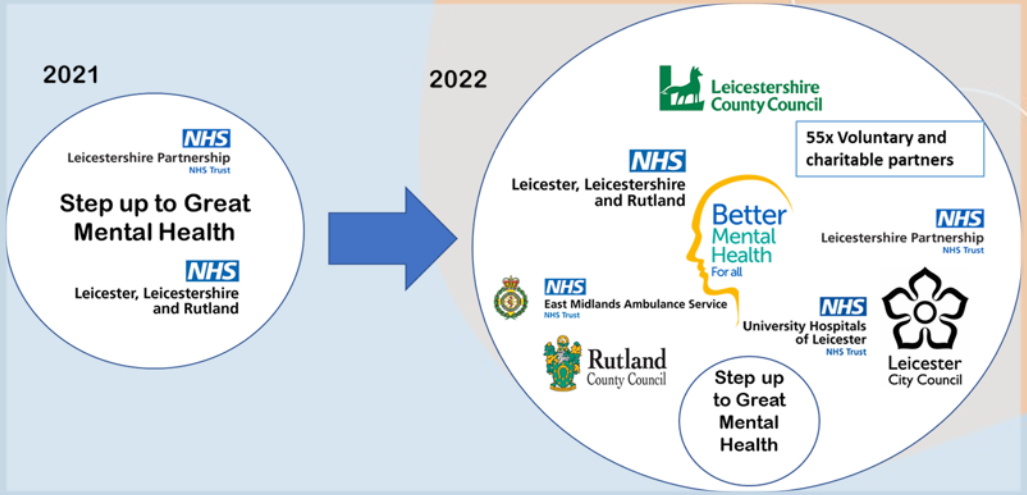
- Implement full SCM programme
- Fully integrate Tier 1 and 2 provision into new neighbourhood teams (including assessment needs) and joined up (hub & spoke) Tier 3 offer
- Reduce waits for Treatment by up to 50%

To put in place an approach for partners to better work in a joined-up way to best support need

Progress

Shadow arrangements in place

- Weekly cross agency task and finish group established and successfully supported agreement of shadow arrangements across local authorities and health
- Three development workshops took place
- Place based groups in place
- Shadow arrangements of Leicester, Leicestershire & Rutland group started in November 2022

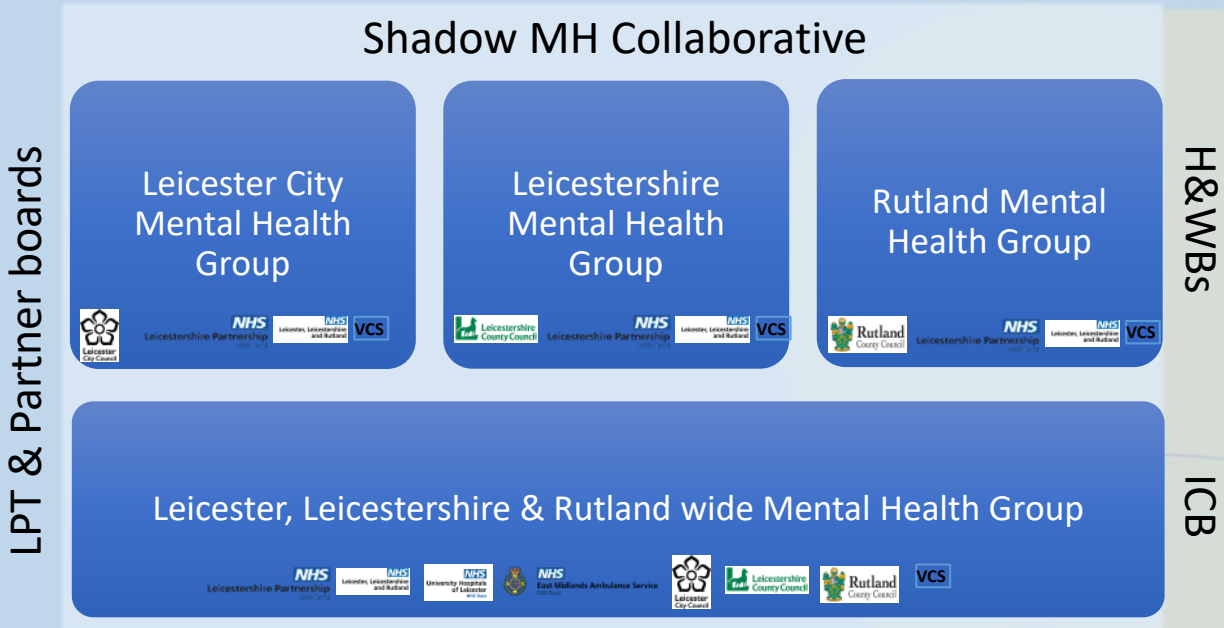


By 31st March 2023

Agreed shared work plan for 23/24 for shadow Mental Health (MH) collaborative

By 31st March 2024

Evaluate and formalise MH collaborative arrangements



Improving experience and outcomes (3 areas)

Access and waiting Times

- Continue to deliver 5% growth in access to community mental health
- Reducing people waiting for community towards stretch 6 week target
- Reducing people waiting for complex emotional need support
- Reduced inequality of access (from localising in neighbourhoods

Improved quality and reduced internal delays

- Significantly reduced caseload sizes (increasing capacity for timely treatment and support)
- Reduced ‘bouncing’ between services through implementation of new neighbourhood teams (TRTs) across 23/24

Reduce escalation of need

- Increased usage of ‘alternative crisis’ provision earlier (e.g. crisis cafes and Getting Help in Neighbourhood offers) and improved capacity in community teams
- Reduced escalation of need into Emergency department and inpatient provision (when offsetting increased need associated with post pandemic and recession)

Key for Progress against public consultation outcomes

Consultation objective is picked up under Urgent and acute care Workstream

Consultation objective is picked up under Integrated Neighbourhood Workstream

Consultation objective is picked up under Enabling Success Workstream

✓ Consultation objective delivered

↗ Consultation objective partially delivered

• • • Consultation objective planning delivery stage

K

Leicestershire Partnership NHS Trust

Trust Public Board 31 January 2023

Improving Health and Wellbeing in Leicester, Leicestershire and Rutland

Purpose of the report

- This Strategy is a blueprint for delivering a healthier future for people in LLR. It is designed to guide our care and health organisations, staff, and the voluntary sector to key areas of focus where, collectively, we can make a difference to improve people's health and wellbeing over the coming years.

- Working together, over the next five years, we will focus on:
    - Focus 1: Reducing Health Inequalities
    - Focus 2: Preventing illness and helping people to stay well
    - Focus 3: Championing integration
    - Focus 4: Fulfilling our role as 'Anchor' organisations

- In the shorter term (2022-2024) we will also focus on two additional issues:
    - Focus 5: Co-ordinated action on the Cost-of-Living crisis
    - Focus 6: Making it easier for people to access the services they need

Analysis of the issue

Proposal

- This strategy will also be supported by the LLR Integrated Care Board's (ICB) 5 year delivery plan, setting out how the ICB can deliver the changes within health and care to meet the goals in this strategy.
- LPT continues to support our strategy meetings, the ICB Board, the development of the delivery plan and many other system meetings and ways of working to ensure we play our role in the delivery of the strategy and influence the strategy to ensure the people we support continue to receive high quality compassionate care and well-being.
- The trust Board has reviewed an early draft of this document and provided feedback. Feedback continues to be welcome.
- A final version will be agreed during the summer of 2023 and published.
- The goals within this strategy are very similar to the goals we seek to achieve through Step up To great and we will demonstrate this linkage in our 2023/24 plan for Step Up to Great.

Decision required

- That the Trust Board note the engagement of LPT in the development of this strategy and our support for the strategy.

- The Trust continue to support the development and then implementation of this strategy and the ICB delivery plan.

Governance table

For Board and Board Committees:	Public Trust Board	
Paper sponsored by:	David Williams	
Paper authored by:	David Williams	
Date submitted:	23 January 2023	
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):	Discussed in executive meetings, LLR system meetings and Board development session	
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		
STEP up to GREAT strategic alignment*:	High **S**tandards	X
	Transformation	X
	Environments	X
	Patient Involvement	X
	Well **G**overned	X
	Reaching Out	X
	Equality, Leadership, Culture	X
	Access to Services	X
	Trustwide Quality Improvement	X
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:	Nothing has been identified	
Positive confirmation that the content does not risk the safety of patients or the public	Confirmed	
Equality considerations:	Delivering this strategy increases equity.	

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership




Improving Health and Wellbeing in Leicester, Leicestershire and Rutland

Our Initial draft strategy for engagement 2022-2027

DRAFT VERSION 4.1 30.11.22

Contents

Foreword

We are pleased to present this inaugural Leicester, Leicestershire and Rutland (LLR) Integrated Care Strategy.

We have a rich history of working together and this strategy is another key milestone in our integration journey, building on our foundations to now go further and faster to transform health and care for the residents and communities of LLR.

We face many challenges across LLR: finances are stretched in our Local Authorities and NHS; there are workforce shortages across health and social care; and people experience problems in accessing services in a timely manner. Developing this Strategy has provided the opportunity to co-develop system-wide ***areas of focus*** aimed at preventing ill health, improving people's health and wellbeing, reducing health inequalities and making it easier for people to access the services they need. Our aim is not to duplicate the efforts of our individual partner organisations as they address financial, workforce, access and other challenges in the shorter-term but, rather, to focus on where collective effort, at a system level, can harness the greatest impact in the longer-term.

This Strategy also underpins and supports our three Places - Leicester, Leicestershire and Rutland - each of which have their own distinctive characteristics, challenges and priorities, many of which are best addressed locally.

There is more work to do to engage with wider stakeholders and local people to ensure that this Strategy reflects their views. That is why this Strategy is currently considered a *draft* and it is our intention to undertake wider engagement, in the early part of 2023, the outcomes of which will be reflected in an updated Strategy.

<Signature> **<Signature>**	**<Signature>**	**<Signature>**	**<Signature>**
David Sissling Councillor Samantha Harvey	Councillor Vi Dempster	Councillor Louse Richardson	Councillor Samantha Harvey
Co-Chairs, Leicester, Leicestershire and Rutland Health and Wellbeing Partnership	Chair, Leicester City Health and Wellbeing Board	Chair, Leicestershire County Health and Wellbeing Board	Chair, Rutland County Council Health and Wellbeing Board

Who we are

Our local councils, local NHS organisations and patient representatives have come together as the Leicester, Leicestershire and Rutland (LLR) Health and Wellbeing Partnership. Our role is to agree the key issues that need to be addressed to improve people's health and care across LLR. We do this by listening to what local people, groups and organisations have to say about health and care services, as well as by looking at the data and evidence of health and care needs. We also have a role in overseeing progress on addressing these key issues.

Who has this document been written for?

This is a public document setting out the Health and Wellbeing Partnership's strategy for the next five years and is, therefore, designed to be read by anyone with an interest in local health and care.

This is the first Integrated Care Strategy 'product' to be developed and it is an initial draft for engagement. We will develop other Integrated Care Strategy 'products', as advised by our engagement teams, to meet specific stakeholders needs.

Purpose of this Strategy

This Strategy is a blueprint for delivering a healthier future for people in LLR. It is designed to guide our care and health organisations, staff, and the voluntary sector to **key areas of focus** where, collectively, we can make a difference to improve people's health and wellbeing over the coming years.

Working together, over the next five years, we will focus on:
Focus 1: Reducing Health Inequalities
Focus 2: Preventing illness and helping people to stay well
Focus 3: Championing integration
Focus 4: Fulfilling our role as 'Anchor' organisations

In the shorter term (2022-2024) we will also focus on two additional issues:
Focus 5: Co-ordinated action on the Cost-of-Living crisis
Focus 6: Making it easier for people to access the services they need

Supporting our Places to deliver their Priorities

Our three Places - Leicester, Leicestershire and Rutland - each have their own distinct characteristics, challenges and opportunities. Each Place, therefore, has its own Joint Health and Wellbeing Strategy (JHWS) aimed at delivering four LLR priorities (Figure 1), as these priorities are best addressed at a Place or community level.

This Integrated Care Strategy underpins and supports Place work by focussing attention and effort on those areas where collective and longer-term action, at a system level, can harness the greatest impact.

Figure 1: Our LLR Transformational Priorities

[NOTE: INFOGRAPHIC TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Each JHWS details the strategic vision and priorities for each respective place. Due to the varying demographics and needs of each place, it is not unexpected that there are some differences across each of these strategies in terms of priorities and timescales. Table 1 summarises some of the key priorities across the LLR JHWS's as aligned with the ICS life course transformational priorities (Figure 1).

Many of the broad themes in the three strategies are similar. This is to be expected considering the evidence base behind improving health and wellbeing outcomes and improving health equity.

In order to achieve the identified priorities, different approaches will need to be taken in the three places. For instance, actions to achieve every child having the Best Start for Life are likely to vary between places. There are many areas of deprivation and high need in Leicester, so a broader approach may need to be taken for a priority such as school readiness (ready to play and learn). In Leicestershire, there may be particular areas where a more focused approach is required. In Rutland there may be certain groups that need more support such as the children of serving military personnel. Therefore, although the priorities may appear similar on the outset the lens and services in which they are implemented is likely to vary across each place.

Table 1 Summary of LLR JHWS alignment to ICS Transformational Priorities

	Strategic priority		
ICS priority	**Leicester**	**Leicestershire**	**Rutland**
	5 years (2022-2027)	**10 years (2022-2032)**	**5 years (2022-2027)**
Best Start in Life	Healthy Start	Best Start for Life	The best start for life
Staying Healthy and Well	Healthy Lives	Staying Healthy, Safe and Well	Staying healthy & independent: prevention
	Healthy Places		Preparing for population growth & change
Living and Supported Well	Healthy Ageing	Living and Supported Well	Healthy ageing & living well with long term conditions
			Equitable access to health & wellbeing services

Dying Well	Healthy Ageing	Dying Well	Ensuring people are well supported in the last phase of their lives
Cross Cutting Themes	Healthy Minds	Improved Mental Health	Supporting good mental health
	Working together to enable everyone in Leicester to have opportunities for good health and wellbeing	Reducing health inequalities	Reducing health inequalities
	Covid impact considered within theme areas.	Covid Recovery	Covid -19 Recovery

[NOTE: TABLE TO BE DESIGNED]

Further information and reading:

Leicester City Council:
Joint Health and Wellbeing Strategy
JSNA

Leicestershire County Council:
Joint Health and Wellbeing Strategy
JSNA

Rutland County Council:
Joint Health and Wellbeing Strategy
JSNA

Our Vision and Principles

We worked closely with partners and stakeholders to develop a vision and principles that act as a 'golden thread' for how we operate: for how we focus on a better future for local people; for how we transform and improve health and care; and for how we interact with each other.

Our Vision

Working together for everyone in Leicester, Leicestershire and Rutland to have healthy, fulfilling lives

Our Principles

Principles Everything we do is centred on the people and communities of LLR and we will work together with respect, trust, openness and common purpose to		
Ensure that everyone has equitable access to health and care services and high quality outcomes	Make decisions that enable great care for our residents	Deliver services that are convenient for our residents to access
Develop integrated services through co-production and in partnership with our residents	Make LLR health and care a great place to work and volunteer	Use our combined resources to deliver the very best value for money and to support the local economy and environment

[NOTE: INFOGRAPHIC TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

How we will work together

This strategy requires collaboration across all our Partners and, to support this, we set out, at Table 2 below, how we will work together.

Table 2: How Health and Wellbeing Partners will work together

Person-centred focus	1. We will meet our citizens' needs by working together within our joint resources, as one health and care system. We will develop a model of care and wellbeing that places the individual at its heart, using the combined strengths of public health, health, social care and allied organisations.
	2. Citizens are integral to the design, co production and delivery of services.
	3. We involve people, communities, clinicians and professionals in decision making processes.
	4. We will take collective action to release funds for prevention, earlier intervention and for the reduction in health inequalities.
	5. We strive for our leadership to be representative of the population, and we focus on the causes of inequality and not just the symptoms, ensuring equalities is embedded in all that we do.
Subsidiarity	6. Decisions taken closer to the communities they affect are likely to lead to better outcomes. Expectation is for decisions to be taken as close to communities as possible, except where there are clear and agreed benefits to working at greater scale.
	7. Collaboration between partners in a place across health, care services, public health, and the voluntary sector can overcome competing objectives and separate funding flows to help address health and social inequalities, improve outcomes, transform people's experience, and improve value for the tax payer.
Collaboration	8. Collaboration between providers across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.
	9. Through formal and informal collaboration as a system we will be better placed to ensure the system, places, and individual organisations are able to make best use of resources.
	10. We prioritise investments based on value, ensuring equitable and efficient resource allocation, and we take shared ownership in achieving this.
	11. We are coming together under a distributed leadership model and we are committed to working together as an equal partnership.
Mutual Accountability & Equality	12. We have a common understanding of the challenges to be addressed collectively and the impact organisations can have across other parts of the system. We engage in honest, respectful, and open dialogue, seeking to understand all perspectives and recognising individual organisations' agendas and priorities. We accept that diverse perspectives may create dissonance, which we will seek to address, moving to conclusions and action in service of our citizens. We strive to bring the best of each organisation to the Partnership.
	13. We adhere to a collective model of accountability, where we hold each other mutually accountable for our respective contributions to shared objectives and engage fully in partners' scrutiny and accountability functions, where required.
	14. We develop a shared approach to risk management, taking collective responsibility for driving necessary change while mitigating the risks of that change for individual organisations.
Transparency	15. We will pool information openly, transparently, early, and as accurately and completely as possible to ensure one version of the truth to be used by partners across the system.
	16. We work in an open way and establish clear and transparent accountability for decisions, always acting in service of the best outcomes for the people of LLR.
Sustainability	17. We will strive to will strive to reduce the impact of our actions on our environment, and work towards building a healthy living and working environment for all our population and staff.

[NOTE: TABLE TO BE DESIGNED]

Overview

Place holder for infographics (page 1 of 2)

NOTE:

- Infographics describing local health and wellbeing need, finances, quality, performance and workforce are being developed.
- Public Health colleagues have developed a synopsis overview of health and wellbeing need in LLR, across key themes, and this overview will be published as a compendium to this Strategy and also as a stand-alone resource for Partners.
- A 2-page summary of the overview is being developed and infographically designed to include in this Strategy, once available.

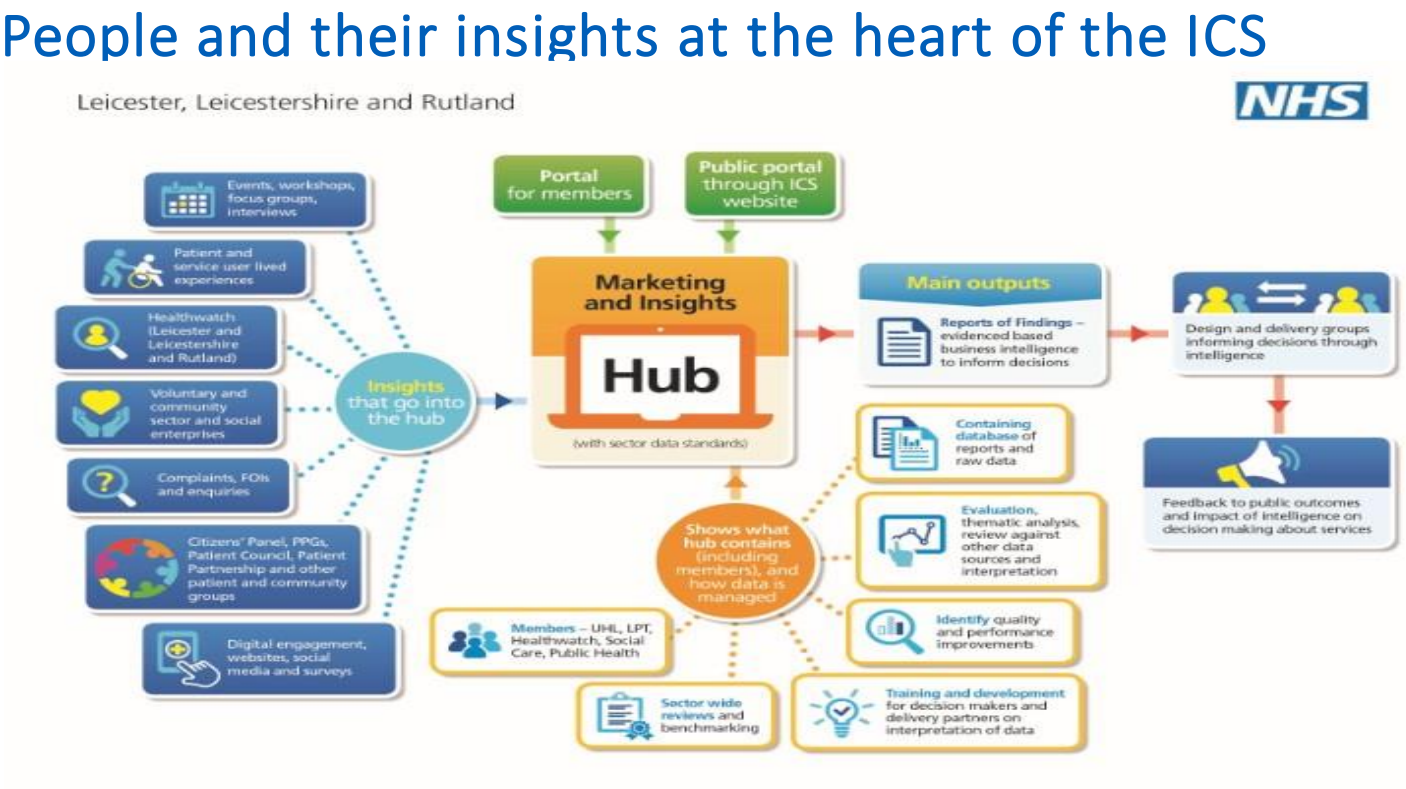
Place holder for infographics (page 2 of 2)

How we have used insights and engagement to develop this strategy

This Strategy builds on firm foundations of participation, involvement and engagement with people and communities, over many years. It has also been built on an inclusive learning culture, to deeply understand the needs of our population and design services appropriate to those needs.

We continuously and actively work with local people, patients, interest groups, voluntary organisations and a wide range of others to understand people's health and care needs, as well as hear about their experiences of services. We then use these insights and knowledge to improve care and services and, ultimately, have a positive impact on people's health and wellbeing.

Figure 2: How engagement and insights inform the design and delivery of local health and care services



NOTE: INFOGRAPHIC TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING

Public and patient participation has been refined over time. The last two years has seen significant work to engage with people, including those with protected characteristics. Through a range of engagement work, we have heard from over 45,000 people who have shared with us their insights about a range of physical and mental health and care services. We have used this intelligence to shape this Strategy.

Figure 3, below, identifies some of the ways we have obtained insights and views. We plan to continue to engage with our Partners to validate our understanding of what matters most to people, before this initial draft is approved at our Partnership meeting in December 2022. Then, in early 2023, we will continue to engage with wider stakeholders and the public to ask if there is anything else we need to think about to improve services. This will lead to an updated version being re-approved later in 2023.

Figure 3: How insights and engagement have influenced this Strategy

NOTE: INFOGRAPHIC TO BE DESIGNED AND STANDARDISED FOR EASE OF VIEWING

We will continue to undertake our comprehensive programme of engagement to shape this Strategy, ensuring that all partners, key stakeholders and the wider public have an opportunity to influence its development and on-going refresh. This current version of the Strategy is, intentionally, an initial draft as we want to continue engaging over the coming months to ensure that we've got it right.

Further information and reading:

Leicester City Council:

LLR Integrated Care Board
ICB People and Communities Strategy 2022/24

Rutland County Council:
Communications and Engagement Strategy 2022-27

Leicestershire County Council:
Engagement standards

Key areas of focus

Having taken account of health and wellbeing evidence, as well as the views of partners, we concluded that this Strategy should focus on areas where, firstly, working collectively across LLR will have the greatest impact on improving people's health and wellbeing and reducing health inequalities and, secondly, we can support our Places to deliver their priorities.

Working together, over the next five years, we will focus on:

Focus 1: Reducing Health Inequalities

Focus 2: Preventing illness and helping people to stay well

Focus 3: Championing integration

Focus 4: Fulfilling our role as '*Anchor*' organisations

In the shorter term (2022-2024) we will also focus on two additional issues:

Focus 5: Co-ordinated action on the Cost-of-Living crisis

Focus 6: Making it easier for people to access the services they need

Focus 1: Reducing Health Inequalities

What do we mean by health inequalities?

Health inequalities are avoidable and unfair differences in health between different groups of people. Health inequalities concern not only people's health but the differences in care they receive and the opportunities they have to lead healthy lives.

Why focussing on this is important to us

Health inequalities across LLR are stark. A boy born today in our most deprived area could be expected to die up to nearly nine years earlier than a boy born in the least deprived area. Furthermore, people from less affluent areas will be spending a greater proportion of their (often shorter) lives in poor health compared to people from more affluent parts of our area.

We want local people to be healthier, with everyone having a fair chance to live a long life in good health. This is why we will aim to 'level up' services and funding, rather than take anything away from areas where outcomes are already good.

Actions we will take

Priorities to address health inequalities will be determined and delivered at LLR level, in our three Places (Leicester City Council, Leicestershire County Council and Rutland County Council) through each of their JHWS; and in our communities.

At LLR level, we will:

Action 1: Apply our Health Inequalities Framework (NOTE: Hyperlink to be added) principles across our three Places
Action 2: Make investment decisions across LLR that reflect the needs of different communities
Action 3: Establish a defined resource to review health inequalities across LLR
Action 4: Ensure people making decisions have expertise of health inequity and how to reduce it
Action 5: Understand the impact of Covid-19 on health inequalities, to allow effective and equitable recovery.
Action 6: Improve data quality and use to enable a better understanding of and reduce health inequity
Action 7: Health equity audits will inform all commissioning or service design decisions
Action 8: Staff will be trained to understand and champion approaches to reducing health inequalities.

Example of JHWS actions include:

Infant mortality in Leicester: Tackling higher than the national average infant mortality by reducing the risk factors through targeting new mothers and families with support and information.
Implementing 'proportionate universalism' in Leicestershire: Interventions will be targeted with the aim of bringing those experiencing poorer outcomes the opportunity to 'level up' to those achieving the best outcomes.
Focus on areas and specific groups in Rutland: To ensure all people have the help and support they need, the focus is on those living in the most deprived areas and households of Rutland, as well as some specific groups (for example the military, carers and learning disability population and those experiencing

significant rural isolation).

What does success look like?

If we are successful in driving effective action, we expect to see the following:

- A reduction in health inequities
- An increase in healthy life expectancy
- A reduction in premature mortality
- A workforce that is representative of the local population

A local case study

CASE STUDY 01:
Reducing health inequalities –
COVID vaccine hesitancy in St Matthews

Our Approach

Our approach to tackling inequalities across LLR is based upon the NHS Race & Health Observatory Covid-19 working group recommendations for communications & engagement:

1. Build trust through community forums
2. Clear, simple and accessible messaging
3. Messages are repeated, consistent and culturally sensitive
4. Engages in proactive social media campaigns
5. Embed delivery within familiar and accessible locations – such as GP practices and community infrastructure
6. Use NHS professionals and other trusted community voices to promote and advocate the programme

What the issue was -
i.e. rate prior to intervention

Data from SystmOne via Leicestershire Health Informatics Service includes counts of vaccines administered and population data by age band, sex, ethnic group and geographical area.
By showing vaccination uptake by ethnic group and geographical area, it is possible to see areas of the city with low vaccination uptake for different ethnic communities. Leicester's Somali population had 49% uptake in over 50s at 23/03/21 compared with 78% in the population overall. Over half of the Somali population live in 2 neighbouring areas in the city, St Matthews and St Peters.

▶ Design of intervention in partnership with community

In Reach Pop Up Clinic

- To provide an agile response to the population, we facilitated a vaccination pop up clinic at a local Faith Centre in the City known to the community.

Community Engagement

- Zoom webinars - hosted by a local GP and proactive community leader with support from the Director for Public Health.
- YouTube video curated by a local GP highlighting the vaccination pop up clinic and key details/cascading amongst the local Community via whatsapp.
- Local Radio with BBC Radio Leicester to inform and discuss the vaccination pop up clinic, also interview with the local CCG.
- Communications material sent out to all shops, mosques, schools, and community organisations.
- Information sharing via the COVID helpline, managed by the Women 4 Change Community Organisation who can advocate for the population and signpost queries.
- Information sharing via NHS, LLR CCG websites and social media.

▶ Rate after interventions

537 people attended the pop-up clinics for their vaccination. Overall, 44% of people that attended said that had this not been made available locally then they were not likely to have taken up the vaccine.

Data up to 23/3/21 shows uptake in over 50s Somali population was 49%. Following the In reach intervention with the community and a pop-up vaccination clinic increased vaccination uptake to 60% at 30/03/21.

Data up to 17/08/21 shows currently 78% of over 50s within the Somali population in Leicester have received dose 1 vaccination.

Data up to 23/3/21 in St Matthews & St Peters shows 69%. Data up to 30/3/21 shows an increase to 75%.

Feedback from staff and patients

- Volunteers and vaccinators alike stated they were **"proud to be part of this local initiative"**
- Many volunteers stated they **would like to join the mass vaccination efforts.**
- **The vaccinators felt it had an impact on changing hearts and minds** - individual interactions with the community members enabled them to breakdown a lot of the myths and allay their fears and concerns. Many community members who came to the clinics - partly out of curiosity and others who felt doubtful and came to ask questions - were able to have their vaccines there and then once they were able to have these conversations with the vaccinators.

▶ How we have applied this learning elsewhere

The learning has been applied across various differing settings including Workplace in Reach Clinics. We were asked by Local Authority and Public Health colleagues to contact several large employers within the LLR footprint.

We set up an initial task and finish group with a large organisation where we discussed vaccine hesitancy, the use of the Healthy Conversations Toolkit, support for managers in using this toolkit and also asked for the demographics of the workforce this data showed us that 62% of the workforce were from ethnic minorities, including individuals from Eastern European communities and African communities.

As this large organisation uses a 24-hour shift pattern system. It was agreed that the best time to run the clinics was across the shift change times this gave all employees the opportunity to access the vaccination clinic.

A range of Comms was used for this clinic including internal comms through staff awareness sessions the Healthy Conversations toolkit was also used in these sessions. The organisation also arranged for their staff to book into the clinics via an internal appointment system this was provided to us allowing us to book individuals into the clinic via the Swift Q system. Use of Swift Q ensured that a second dose trigger was set.

151 people were vaccinated over the two days of the clinic with 32% of those that attended advising that they would not have taken up the vaccine had it not been made available to them on site.

[NOTE: CASE STUDY TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Further information and reading:

LLR Health and Wellbeing Partnership:
Tackling health inequalities
Link needed to HIF

Leicester City Council:
Joint Health and Wellbeing Strategy
JSNA

Rutland County Council:
Joint Health and Wellbeing Strategy
JSNA

Statistics on social determinants of health:
Index of Multiple Deprivation (IMD).

Leicestershire County Council:
Joint Health and Wellbeing Strategy
JSNA

Focus 2: Preventing illness and helping people to stay well

What do we mean by Prevention?

It's helpful to think of prevention in three categories. Firstly, we can take action to prevent health and wellbeing problems from occurring at all, for example, through clean air legislation or immunisation programmes. This is called **Primary** prevention.

Secondary prevention is about detecting the early stages of harm and intervening before symptoms develop, for example, cancer screening programmes and targeted weight management services.

Finally, we can soften the impact of an ongoing illness or injury that has lasting effects - **Tertiary** prevention – for example, stroke and cardiac rehabilitation programmes.

Why focussing on this is important to us

Everyone knows that prevention is better than cure. We want people to live the best life that they can, for as long as they can, free from illness, disease and other health problems. We want local people to be proactive about their health and wellbeing. This can increase independence and delay the need for health and care services. Where illness or disease is at risk of occurring, we want to identify this early and intervene to minimise the impact.

Priorities for local prevention include smoking, obesity and diabetes, alcohol related harm, cancer, cardiovascular disease, respiratory disease and preventing and reducing harm (for example, from substance misuse, child criminal exploitation and domestic and sexual violence). There are also health inequalities in prevention, for example, barriers in how services are provided mean that ethnic minority women are less likely to attend cervical cancer screening.

Actions we will take

Many preventative actions are determined and delivered nationally (for example, government policy to protect citizens, some screening programmes), regionally (for example, through the East Midlands Cancer Alliance) and locally (for example, through our council's public health teams). Our Place JHWS also focus on prevention, for example, promoting the health benefits of sustainable transport and improving air quality in Leicester, improving the offer of a health check in Rutland, and reducing the number of falls that people over 65 experience across Leicestershire

At LLR level, we will:

Action 1: Ensure that prevention is at the forefront of local policy planning and commissioning across health and care

Action 2: Champion and relentlessly drive for health equity in prevention

Action 3: Embed prevention as a fundamental part of all professionals' roles across LLR**,** delivering Making Every Contact Count Plus interventions

Action 4: Support people to increase their sense of control and resilience in their lives (Including, for example, improved co-production, preventing harm through violence work, and health literacy)

Action 5: Promote action that will help people with long-term health conditions to be able to self-manage.

Action 6: Provide leadership to System-wide responses to preventing and reducing harm

What does success look like?

If we are successful in driving effective action, we expect to see the following:

- Prevention is a priority in policy and funding decisions
- A reduction in the health equity gap in prevention
- Health and care staff discuss prevention and self-care with people they come into contact with
- Improvements in people's reported experience of their resilience and ability to self-manage

A local case study

Tackling health inequalities in cancer screening

Left to right: Richard Gray – Care Coordinator, Dr Leslie Borrill – Carillon Clinical Director, INT Chair for Charnwood Integrated Neighbourhood Team & Health Inequalities Clinical Lead, Kristy Mackinson – Head of PCN Development and Health Inequalities Management Lead

Community groups and public health staff are working together to improve access to cancer screening for all.

A new project – a partnership between Leicestershire County Council's public health teams and community groups in Charnwood – is exploring the reasons behind poor uptake of cancer screening in some parts of the community.

The team have identified communities where attendance at cancer screening clinics is lower – Bangladeshi, Polish, the homeless community, travellers, sex workers and carers. They then ran a series of focus groups to understand the barriers people faced, and the things that would make it easier for them to attend.

The results are now being used to make changes to services and help improve uptake across all communities. For example, some GPs have offered extra clinics, extended their hours, arranged outreach support and provided information in other languages.

Project Lead, Dr Bharathy Kumaravel, said: "It is our role as guardians of our community to tackle health inequalities and this partnership approach is helping us do this really well."

It is hoped that the project can be widened to include other areas within LLR over the coming months.

Dr Leslie Borrill, GP lead for Charnwood Integrated Neighbourhood Team, said: "We're not doing our job properly if we don't do all we can for every single person in our community, a 'one size fits all' approach doesn't work."

Dr Anu Rao, LLR Place Clinical Director for Primary Care, agreed: "It has helped us understand what's stopping people from engaging with our services and allowed us to develop appropriate solutions that are already having a positive impact."

The team is now working with University Hospitals Leicester to adopt a similar approach to engaging with patients who fail to attend respiratory appointments and to fully understand the barriers they face. Further plans to explore other key priority areas in the community are also being considered.

Councillor Louise Richardson, lead member for Public Health at Leicestershire County Council, said: "One of the focus areas in our latest Public Health Strategy is building on the strength of people in our communities. We can only do that by working together - listening and learning. The individuals that came forward to the focus groups have played a crucial role in uncovering what more we can do to encourage people to attend screenings in a way that suits their needs and lifestyle." ●

For further information on cancer screening, please check:
www.nhs.uk/conditions/nhs-screening

Bharathy Kumaravel, Project Lead

"It is our role as guardians of our community to tackle health inequalities and this partnership approach is helping us do this really well."

The barriers

A selection of responses to the study:

"If the information and tests come through the post we will do it, if it doesn't come we will not." Bangladeshi men's group

"At the best of times we don't understand the importance of attending screening and usually there are many barriers to why we don't attend. I feel if people could better understand in their own language what the screening involves, the importance of it and also hear from others about why they attend and the difference it can make, more people will go." Mrs Begum, member of the Bangladeshi community

"I haven't got much family around. I couldn't do it at school time and I had to take my boys with me. It wasn't a good experience taking my children with me." Polish women's group

"If you're homeless, even if you got something wrong with you, they won't hold you, they'll just boot you back out and leave you on the street." Homeless group. ●

[NOTE: CASE STUDY TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Further information and reading:

NOTE: To be included

Focus 3: Championing Integration

What do we mean by Integration?

Local people have told us that, at times, the care and support they receive can feel un-coordinated and disjointed. Integration is about how our partner organisations work better together to meet the needs of our residents, ensuring that they receive the right support from the right service at the right time in a seamless and coordinated manner.

Why focussing on this is important to us

People are living longer and often with one (or more) long-term health conditions. This means that people increasingly need long-term care and support from lots of different services and a variety of professionals. Integrated care is critical to doing this successfully. Our partner organisations also face budget pressures and, while integrating care may not necessarily save money, it will help us to make better use of our limited budgets to improve people's care experience, improve outcomes and drive down health inequalities.

Actions we will take

Many of the actions needed to achieve integrated care will happen in our three Places (Leicester City Council, Leicestershire County Council and Rutland County Council) and, indeed, more locally at community and team level.

At LLR level, we will:

Action 1: Break down barriers and embed whole-pathway approaches to service design based, first and foremost, on what's best for local people

Action 2: Create an environment where integrated working is the default and second nature to our staff and colleagues

Action 3: Develop shared goals and outcomes, where we commit to work in partnership with each other and hold each other to account to deliver the best care for our LLR residents.

Action 4: Promote and support the development of Collaboratives (see Further Information and Reading, below), where these can improve integration of care

Action 5: Champion the co-production of pathways of care with staff and the people who use the services.

Action 6: Maximise the opportunities that pooled budgets permits, where these can improve integration of care and value for money.

What does success look like?

If we are successful in driving effective action, we expect to see the following:

- Improvements in peoples reported experience of the services that they receive
- Improvements in outcomes and a reduction in health inequalities
- Demonstrable improvements in system value for money through shared ownership, accountability and streamlined services
- Partner organisations coalesce, support and celebrate delivery against our shared outcomes.

A local case study

An integrated approach to promoting health and wellbeing in Rutland

Rise is an Integrated Neighbourhood Team in Rutland jointly funded by the Primary Care Network, Rutland County Council, and the Better Care Fund. The aim of Rise is to promote health and wellbeing for the local population through taking a holistic approach, encouraging people to have an active role in their own care and wellbeing, and building on local community assets. The team has been in existence since 2018 and roles include Integrated Care Coordinator, Community Mental Health Care Manager, Domiciliary Care Lead, Social Prescriber Link Worker, and Clinical Care Home Coordinator. It is led by the Head of Service in the Local Authority who meets weekly with each team member and arranges monthly team meetings. Staff with a clinical role also receive professional supervision with a suitable health colleague and the team engages in wider networks such as neighbourhood forums. The team leader also meets regularly with the PCN manager to discuss new opportunities and shared challenges. The MDT has used the Office for National Statistics well-being survey (ONS4) to understand what difference its support has made to people - 94% reported improvement in their life satisfaction, feeling of life being worthwhile, happiness, and/or levels of anxiety.

The integrated approach of Rise has been supported through the development of a new digital platform. This allows GPs to refer someone through their electronic patient record system and for the MDT to then provide updates back to the GP. The platform also enables team members to introduce someone to community resources and supports interactive discussions with these organisations. It then identifies if someone has been offered support and highlights if there are any delays. The system is open to the public so that they can explore themselves what options are available and directly contact a resource so that they do not need to access via a GP. It also provides useful data for commissioners and voluntary organisations on referral trends, if there has been any change in their use of GP services, support that people would like to access but not is not available, and on the impacts that people report in relation to their wellbeing.

Development of more integrated care in Rutland has been facilitated through the geographic boundaries of the Local Authority and the PCN being similar. In relation to the ICS, Rutland is both a neighbourhood and a place. Monthly neighbourhood forums are held to bring together health and social care professionals, and the voluntary and community sector to discuss the challenges facing the local population and how best to respond to health and social inequalities. This was helpful in COVID when RISE were able to co-ordinate vaccinations with the clinically vulnerable and advise when wider changes such as temporary disruptions in utilities. Other enablers include - positive long-term relationships and high degree of trust between the lead individuals in health and social care; sharing of capacity and skills between Rise and the other teams in the locality to respond to demand; and, training and development opportunities being offered across teams to enable them to become familiar with each other and their roles.

[NOTE: CASE STUDY TO BE DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

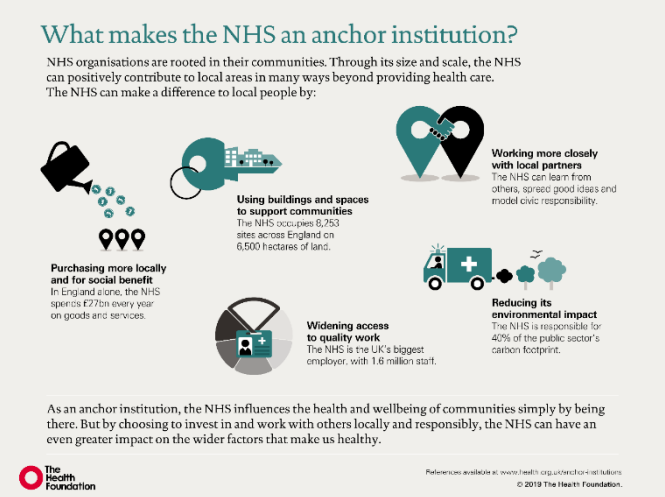
Further information and reading: Collaboratives

LLR Health and Wellbeing Partnership:
Integration in action

Focus 4: Fulfilling our role as *Anchor* organisations

What do we mean by an 'Anchor' organisation?

Anchor organisations are large organisations that have a significant stake in the local area. They have sizeable assets that can be used to support the local community's health and wellbeing and tackle health inequalities, for example, through purchasing power, training, employment, professional development, buildings and land use. '*Anchors'* get their name because they are unlikely to relocate, given their connection to the local population. Our Partners - the local NHS (hospitals, community facilities, GP practices, etc.), our local authorities and our Universities - are Anchor organisations.



NOTE. Need different image

Why focussing on this is important to us

The NHS and councils are the biggest local employers. We own and operate many local buildings and facilities. We spend hundreds of millions of pounds each year on goods and services. We want to fully harness our assets, and those of our wider Partners, including our colleges, universities and industry, to influence wider economic development and environmental balance, in order to improve people's health and wellbeing and reduce health inequalities.

Actions we will take

We will:

Action 1: Widen access to quality careers and work (Please see Enabler 2 on page X)
Action 2: Maximise the use of our buildings and space to support local communities
Action 3: Purchase more locally and for social benefit
Action 4: Work more closely together to learn, spread good ideas and model civic responsibility
Action 5: Each Partner will deliver their organisation's Green Plan commitments
Action 6: Consider how we can balance meeting people's needs, with environmental and economic sustainability.

What does success look like?

If we are successful in driving effective action, we expect to see the following:

- Improved recruitment and retention to lower paid roles within our health and care workforce
- Achieving our carbon neutral trajectories as set out in each Partner organisation's Green Plan
- Our buildings are user friendly and are used to strengthen our communities
- Increased support to local business opportunities, recirculating wealth and community benefits locally
- Demonstrating that we work well together and share good practice

A local case study

Hidden Talents Pilot – Refugee Apprentice Programme

Growing Points is a local charity that provides support and mentorship to those that have made Leicester their home and have been given Refugee status. The charity works alongside other sectors and statutory organisations, such as Sanctuary Leicester, to enable people to access the right support, have access to jobs and provide peer and mentor support.

We have started a pilot that guarantees 10 apprenticeships per year, with an ambition to grow each year, for those that are being supported by Growing Points. The programme not only ring-fences apprentice opportunities but also ensure that there is wrap around support for applicants to remove as many barriers to accessing a career in health and care as possible. Some of these barriers are the way we advertise and select for roles and, by changing our approach, we hope to make a career in the sector more accessible.

[NOTE: CASE STUDY TO BE DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Further information and reading:

The Health Foundation:
The NHS as an anchor institution

The King's Fund:
Anchor Institutions and how they can affect people's health

LLR Integrated Care Board:
Link needed to People Plan
Link needed to Estates Strategy
Link needed to Green Plan

Focus 5: Co-ordinated action on the Cost-of-Living crisis

What do we mean by the Cost-of-Living crisis?

A combination of factors, some international and others national and local, have come together to squeeze people's ability to afford basic necessities. International factors include implications of Covid 19, energy availability and cost and climate change. National and local factors have also impacted, including long-standing pockets of deprivation and inequity in LLR.

Why focussing on this is important to us

Food, energy and heating have seen the biggest price increases and this has a disproportionate impact on lower income groups who spend around 90% of their income (Bank of England, July 2022) on essential goods and services, such as these. Health inequalities are already stark across LLR (see Focus 1) and the cost-of-living crisis is likely disproportionately impacting on those people and communities who already have the worst health and wellbeing outcomes.

Actions we will take

Individually, our partners are taking action to support more vulnerable people and communities, as well as our staff. For local people, this includes providing access and signposting to services. For staff, this includes action on transport, energy and food costs.

We will:

Action 1: Establish a task and finish group to co-ordinate action across our partner organisations, sharing learning, co-ordinating communication messaging and focussing on key groups

Action 2: Ensure a unified focus on key groups, including those who are 'just about managing'

Action 3: Better co-ordinate work with voluntary and faith-based organisations, as well as link workers, local area coordinators and social prescribers, to support key groups

Action 4: Actively reach out to regional and national partners, sharing, gathering and implementing best practice and schemes

Action 5: Look after our staff, helping them directly, as well as informing and signposting them to support

Action 6: Consider medium and longer term interventions that will support cost-of-living resilience amongst key groups

A local case study

NOTE: Place Holder for case study

Further information and reading:

Bank of England:
Financial Stability Report

Leicestershire County Council:
Find help with cost of living

Leicester City Council:
Benefits and other support

Rutland County Council:
Cost of living support

Focus 6: Making it easier for people to access the services they need

What do we mean by access?

Local people have told us that it can be a difficult and confusing knowing which service to access, from which location and at what time. Disjointed access leads to poor experience of health and care services. It can also lead to some services (for example, A&E) becoming overwhelmed, because people may not have the best information to hand when deciding what service to access. Our insights have also shown us that people want access to relevant and reliable self-care information so they can play a greater role in their own health and care.

Why focussing on this important to us?

We want people to have the information, ability and confidence to access the right support from the right place at the right time. We also want people to be informed and proactive about their health and wellbeing, with a focus on self-care, as this can increase independence and delay the need for health and care services.

Actions we will take:

We will:

Action 1: Work with communities and local people to ensure that targeted and tailored information is made available to help navigating the health and care system, promoting access to the right support from the right place at the right time, an example being the "Get In The Know" campaign

Action 2: Work with communities and local people to improve health and care literacy and promote self-care

Action 3: Improve digital literacy to empower and equip local people to utilise and navigate digital tools (for example, the NHS App and 111 online) to help with access challenges.

What does success look like?

If we are successful in driving effective action, we expect to see the following:

- Improvements in peoples reported experience of accessing timely services from the right place
- Better flow and capacity throughout our system as local people are engaged and informed regarding what service to access and from where.
- Improvements in local people's reported experience of their resilience and ability to self-manage
- Increase in confidence and use of health and care digital solutions

Further information and reading:

NHS LLR Integrated Care Board
Get in the know about local health services

NHS Services
Services near you

NHS 111 Online
Get help for your symptoms

NHS App
NHS App and Account

A local case study

CASE STUDY
Identification of Unregistered Patients Programme

The NHS Constitution states that *"You have the right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by parliament…"*. This applies to all patients whether residing in the UK lawfully or not, including those that are within the area for more than 24 hours and less than 3 months. Types of patients include those who are asylum seekers, refugees, homeless patients or overseas visitors.

Our Approach

Identify unregistered patient population working geographically and focussing on four main hotspot areas - places of worship, local community supermarkets, community centres and walk in Covid-19 Vaccine clinics

Design of Intervention in Partnership with Community

Since the launch of GP Registration programme in January 2021 and November 2022:

- We have engaged with 10,100 patients across LLR.
- We have held 35 events across LLR engaging with approximately 2,300 patients.
- We have attended 26 Vaccination clinics across LLR engaging with approximately 7,800 patients.
- We have created and translated easy read leaflets into 9 different languages
- We have targeted radio advertising across cultural and community specific radio stations to discuss the GP registration programme.
- We have received over 800 enquiries by phone and email in relation to GP registration.
- We have provided personalised support to Afghan refugees, helping 76 Afghan families to register with a GP.
- We have worked with our Local Authorities to help and support Ukrainian refugees to register with a GP.

Rate after Interventions

The GP Registration programme was introduced in Leicester City for the period of January 2021 until End of December 2021.

- Comparing to year 2020, total number of patients registered in Leicester City was 29,222 and since the introduction of GP registration programme in Leicester City in year 2021, total number of patients registered was 51,545. This is a rise of 22,323 patients reflecting over 76% increase.

- Due to the success of the programme in Leicester City, it is now introduced across LLR since January 2022 following similar approach taken in city to promote GP registration programme. The number of patients registered to date end of October as follows: -
  - Leicester City: 29,703 registered patients
  - Northeast Leicestershire and Rutland CCG: 17,146 registered patients
  - Northwest Leicestershire: 22,292registered patients

[NOTE: CASE STUDY TO BE DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Enabling this Strategy to be delivered

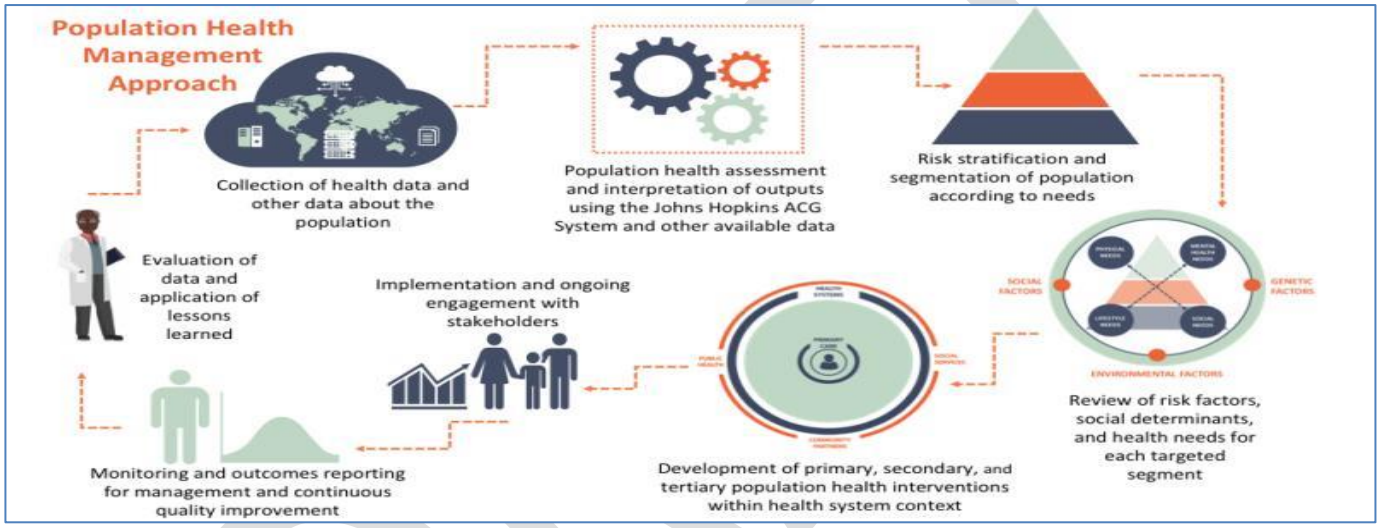
Below are the key enablers to help us to achieve our key areas of focus.

Enabler 1: We will use a Population Health Management (PHM) approach:

PHM is a term that describes compiling data and insights to understand people's health, care and wellbeing needs and current usage of services, and how they are likely to change in the future. These data and insights can then be used, in co-production with the people who will use the services, to plan and develop services, community development and other sources of help and support.

Employing a PHM approach allows us to support people with long term conditions, provide better case management and target resources where they are most needed. PHM aims to promote independence, improve physical and mental health outcomes, reduce health inequalities and help us live our extra years in better health.

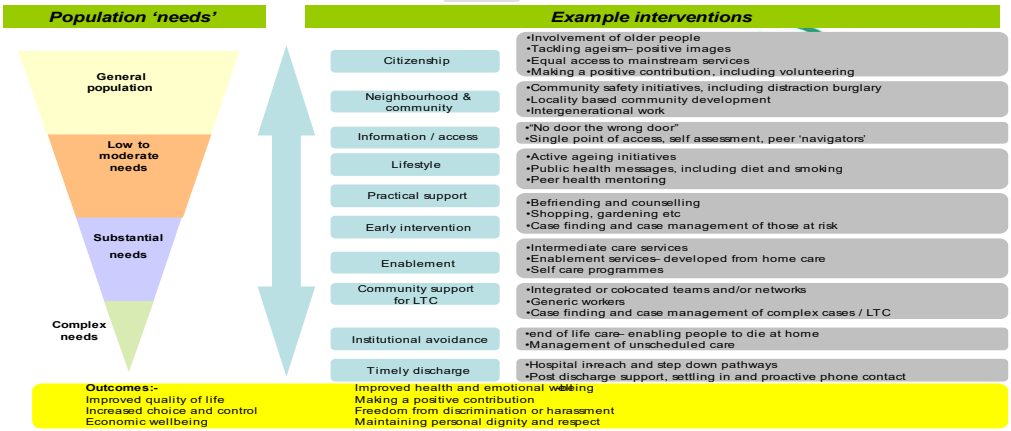
Figure 4: How Population Health Management works



[NOTE: INFOGRAPHIC TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Figure 5, below, demonstrates how a PHM approach can be used to segment a population, understand that population needs and develop interventions to support people at each stage.

Figure 5: Using a PHM approach to deliver bespoke interventions



[NOTE: INFOGRAPHIC TO BE RE-DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

A local case study

Population Health Management approach to better support end-of-life patients

Willows Health in Leicester is part of the Aegis Primary Care Network (PCN). The team have adopted a proactive approach towards PHM, which includes identifying patients potentially nearing the end of their lives to ensure they are given appropriate care and support. The team of GPs and experts had previously struggled to proactively identify this population in a comprehensive manner, but using a new algorithm called the Mortality Risk Score[1] generated from outputs of the Johns Hopkins Adjusted Clinical Group (ACG®) System, they were able to identify a number of patients who had not previously been included on the palliative care register.

This innovative work by the team at Willows Health has enhanced and supported their care planning work with palliative care patients and enabled them to provide patient-centred reviews and end-of-life care plans for those with higher levels of risk. The tool supports the group's clinical programme enabling proactive assessments, enhancing the quality and experience of care through optimisation of long-term conditions, undertaking medication reviews, signposting to additional support systems and exploration of patients' care preferences and best interests in this context. They are now able to offer the right support to a greater number of patients who are nearing the end of their life.

[NOTE: CASE STUDY TO BE DESIGNED AND STANDARDISED FOR EASE OF VIEWING]

Further information and reading:

The King's Fund:
What is a population health approach?

NHS England
Population Health and the Population Health Management Programme

Enabler 2: We want LLR to be a great place for health and care staff to live, work and grow

Workforce is one of the greatest challenges facing our local health and care system and is mirrored nationally.

We are committed to addressing workforce shortages through retaining our existing workforce, supporting staff, building new roles, and attracting new talent. It is our ambition to make LLR a great place to work and we will create an environment that ensures our 'people' thrive. Population health needs will underpin

[1] The MRS was developed by Dr Peter Austin et al in Ontario, Canada. The outcome of their research was a points-based scoring system that predicts risk of mortality in the adult population in the next 12-month period. The MRS combines values for a person's age, sex, and the Aggregated Diagnostic Groups (ADG) information from the ACG System. More information can be found at www.ncbi.nlm.nih.gov/pubmed/21921849

workforce modelling and integration. The recent experience of Covid 19 has taught us that we deliver the best care to local people when we work together. We will prioritise the following:

1. Embrace community and Place working with an integrated sustainable workforce;
2. Make LLR a great place to work – ensuring staff are well engaged, supporting wellbeing, promoting diversity and career development;
3. Address workforce shortages, attracting new talent and making the most of new roles; and
4. Ensure workforce models reflect population need and maximise the capacity and capability to deliver the right care, at the right time, by the right person to local people.

This will be achieved through:

- **Rewarding** and **Recognising** staff achievements;
- **Engaging** our staff;
- **Supporting** Resilience;
- **Embedding** mufti-professional leadership;
- **Enabling** our people and teams to innovate;
- **Listening** and **Responding** to the needs of our People;
- **Developing** and building apprenticeship pathways, and talent management; and
- **Supporting the economic and social recovery** of local communities through targeted employment offers, in-reaching into communities to spot hidden talent, and creating an employment pathway for refugees.

Further information and reading:

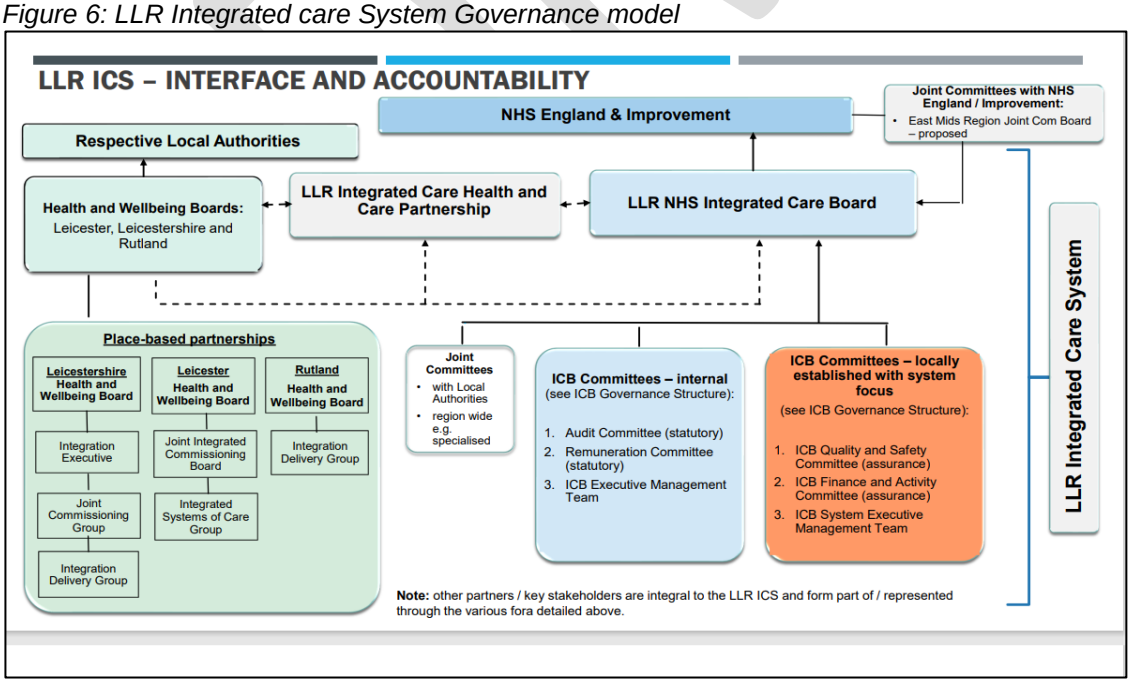
LLR Integrated Care Board:
Link needed to LLR People Plan

Leicestershire County Council:
People Strategy 2020-2024

Enabler 3: Good Governance

We have put in place governance arrangements that facilitate, support and hold to account our Partnership for the delivery of this Strategy, as illustrated in Figure 6, below.

Figure 6: LLR Integrated care System Governance model



Further information and reading:

LLR Health and Wellbeing Partnership:
Link needed to LLR ICS Functions and Decisions map

Enabler 4: Digital, data and information sharing

We have a robust digital strategy that will build on the digital innovation achieved during the Covid 19 pandemic and which will implement a shared care record across LLR

Our vision for improving data and information sharing:

Data sharing: Our data sharing across health and care will be vastly improved by the LLR Shared Care record. Initially commencing within primary, secondary, acute and emergency care settings, this will, in 2023, be joined by care homes, hospices and community pharmacies. This care record programme will deliver a unified view of a person-centred health and social care record across LLR with the aim to provide health and social care professionals with information to support direct care.

Intelligence and Population Health: An LLR wide intelligence function will be established to drive improved reactive and proactive use of data, population health management and business intelligence.

Automating data processes: We are scoping robotic automation processes (RPA). RPA processes could support greater efficiency, connect systems at process level and free up more time to be spent on direct care.

Digital Communication and transfer of data: We have a vision of a connected digital ecosystem of strategic solutions focused on the needs of the ICS and local people, to allow secure, seamless system interoperability and data sharing. This will be achieved through a rationalisation of our key systems to reduce and ultimately eradicate unnecessary system sprawl. The current landscape of duplicated and partially connected systems is a huge obstacle to allowing people the transparency of accessing their own health data and providing true person-centred care.

Further information and reading:

LLR Integrated Care Board:	Rutland County Council	Leicestershire City Council:
Link needed to LLR Digital Strategy	Digital Rutland Strategy 2019-2022	Smart Leicester

Enabler 5: Research and innovation

We know that research can change as well as save lives. It is only through research that we can develop better treatments and care as well as improve diagnosis and prevention. Every year thousands of people from all ages and backgrounds volunteer for research studies taking place across LLR. In 2019–2020 and 2020-2021 alone over 52,000 people from our hospitals and partnership trusts were new recruits into our research trials.

COVID-19 has shown clearly the importance of research in tackling major health issues. LLR received national and international acclaim to their response to COVID-19. More than 29,000 people took part in COVID-19 research at UHL alone, more than recruited from the whole of Scotland and over 95% of

COVID-19 patients in the first wave were recruited to a least one study with over 50% entering interventional trials.

We are developing an LLR Research Strategy, in collaboration with local communities, our culture and sports clubs, our universities, our NHS hospitals and partnership trusts, our primary care, our councils, our third sector partners, our industry partners and regional partners.

Further information and reading:
LLR Health and Wellbeing Partnership:
Link needed to LLR ICS Embedding Research into Practice discussion document

Our Partners

Leicester City Health and Wellbeing Board
https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/public-health/health-and-wellbeing-board

Leicestershire County Council Health and Wellbeing Board
https://www.healthandcareleicestershire.co.uk/health-and-wellbeing-board

Rutland County Council Health and Wellbeing Board
https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/health-and-wellbeing-board

Leicester, Leicestershire and Rutland Integrated Care Board
https://leicesterleicestershireandrutland.icb.nhs.uk

Leicester City Council
https://www.leicester.gov.uk

Leicestershire County Council
https://www.leicestershire.gov.uk

Rutland County Council
https://www.rutland.gov.uk

University Hospitals of Leicester NHS Trust
https://www.leicestershospitals.nhs.uk

Leicestershire Partnership NHS Trust
https://www.leicspart.nhs.uk/

Healthwatch Leicester and Leicestershire
https://healthwatchll.com/

Healthwatch Rutland
https://www.healthwatchrutland.co.uk

Leicester, Leicestershire and Rutland Health and Wellbeing Partnership

https://leicesterleicestershireandrutlandhwp.uk

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Leicestershire Partnership NHS Trust

Trust Public Board 31 January 2023

Step up To Great Progress report for Quarter 3 2022/23

Purpose of the report

- Step Up to great is our Trust strategy supporting us with the direction to move froward from where we are now to achieving out vision of compassionate care and well-being for all.
- Our strategy was refreshed in 2021 and runs until 2024 and is available on our public website https://www.leicspart.nhs.uk/wp-content/uploads/2021/11/LPT-strategy-refresh-final-small.pdf

Analysis of the issue

- The report provides a summary of our achievements and achievement of the objectives is rated either green (on track and being delivered) or amber (some challenges within delivery), nothing has been rated as red.
- Our amber issues are:
    - Within FYPC transformation, further system working is required to ensure we can deliver high quality Education Health and Care Plans and we are working with colleagues to deliver this.
    - Within our digital transformation the creation of a more detailed digital plan has been delayed, awaiting the recruitment of the new Director of HIS. They are now in post and this plan is a focus of the work to be completed in Q4.
    - The delivery of our People Plan, Support to staff well-being, retention and progression, recruitment including international recruitment in our Equality, Leadership & Culture Brick are all rated Amber. Actions are in place to improve and further develop our work.
- In this report where the Trust risks have a current red and a residual red rating these have been highlighted on the report.
- Linking the risks and our priorities together is a regular conversation in executive team meetings, board development sessions, sub-committees and board meetings. Our assessment of this also shapes our annual delivery plan.

Proposal

- This summary provides a regular review of our progress and also influences the development of the SUTG annual plan for 2023/24. We are working with the NHS Planning Guidance, the Integrated Care Partnership Strategy (also discussed in today's board meeting) and the Integrated Care Board's delivery plan to ensure we are best able to support our communities and to champion compassionate care and well-being for all.

Decision required

- That the Trust Board note the achievements of the Trust in delivery our SUTG strategy and our plans for the coming quarter.

Governance table

For Board and Board Committees:	Public Trust Board	
Paper sponsored by:	David Williams	
Paper authored by:	David Williams	
Date submitted:	23 January 2023	
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):	Discussed in executive meetings, LLR system meetings and Board development session	
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		
STEP up to GREAT strategic alignment*:	High **S**tandards	X
	Transformation	X
	Environments	X
	Patient Involvement	X
	Well **G**overned	X
	Reaching Out	X
	Equality, Leadership, Culture	X
	Access to Services	X
	Trustwide Quality Improvement	X
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:	Nothing has been identified	
Positive confirmation that the content does not risk the safety of patients or the public	Confirmed	
Equality considerations:	Delivering this strategy increases equity.	

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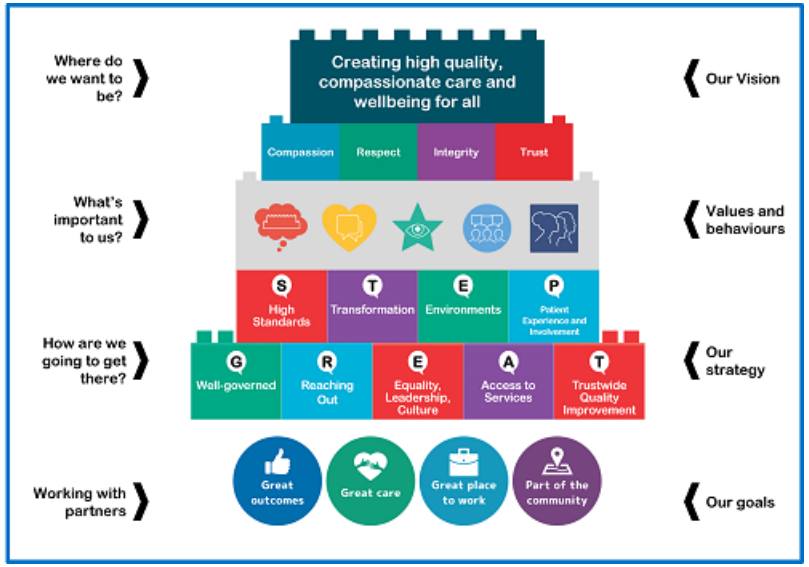
NHS
Leicestershire Partnership
NHS Trust

STEP UP TO GREAT STRATEGY – 2021/24
&
LEICESTERSHIRE PARTNERSHIP TRUST STRATEGIC PLAN – 2022/23

Qtr3 Highlight Report

(Oct, Nov & Dec 22)

SRO - David Williams, Group Director of Strategy & Partnerships



OUR VISION

Leicestershire Partnership NHS Trust

Is to create high quality, compassionate care and wellbeing for all. We will continue working towards this vision, by developing a great organisation, that is able to deliver great outcomes, with great people as part of our local communities.

Our goals

Great health outcomes

For everyone in every community across Leicester, Leicestershire and Rutland (LLR). Tackling health inequalities, working together to ensure there are safe, healthy places for people to live and work are important elements of the integrated care we can provide with others.

Great care

We want every service user and their family to have great care, we are playing our role in that by improving on the areas we know we need to improve on and seeking feedback and learning from our communities on other changes and improvements we can make.

Great place to work

Our 6,500 staff and volunteers provide services through over 100 in-patient and community settings, as well as in people's homes, across Leicester, Leicestershire and Rutland. We want to continue to develop LPT to be a great place to work and be an employer of choice. Having a great place to work helps us all to keep improving the quality of care we can provide.

Part of the community

With over 76,000 health and care employees in LLR we play an important role in our communities. The actions we take along with other providers, local authorities, universities etc. have a real influence on how we develop our communities. Through our strategy we are committing to think more about the impact on our communities and the decisions we can make to benefit them.

We will know we are successful when:

- We are consistently receiving positive feedback from the people who use our services and their carers. We will also be receiving assurance and positive feedback from our core regulators such as the Care Quality Commission (CQC) that we are providing a high standard of care.
- People can live at home for longer and better manage their health and well-being with support from health and care providers. People are supported to restore their health, wellbeing and independence after illness or hospital admission
- Patients/service users and staff share positive experiences, demonstrating patient-centred and joined up high quality, safe care which is accessible when and where it is needed.
- Children, young people and their families share decision making with our staff and have easy access to the right support, at home and at school.
- Our Children and Young People (CYP) are accessing care when they need it.
- More support for people with a learning disability to improve their health and wellbeing is available in the community, our service users tell us they are happy with our services, and fewer people with a learning disability need to be admitted to hospital.
- Our service users with Autism have a positive experience of our services and are supported to live well in the community. They will wait less time to receive care when they need it and will be supported to stay out of hospital as much as possible.
- We have the technology and support for staff and our communities to access services digitally that improves care, with support and alternatives for those who cannot.
- We have welcoming, clean and safe buildings that reduce risk of harm to patients and improve their privacy and dignity.
- Patient involvement is at the core of everything we do and outpatient satisfaction, and feedback reflects this.
- We feel clear and confident about how we are governed, and we use these practices consistently across the Trust. When we are an outstanding Well Led organisation, delivering best practice governance across our Group and system, demonstrating agile and effective decision making.
- We are positively contributing to local communities to help reduce inequalities.
- We value inclusive, compassionate behaviours and show pride in our collective leadership and in our Trust.
- We are delivering services that meet people's needs and are accessible to all, evidenced through meeting our local and national targets.
- All our people are empowered to lead and make improvements in their everyday work. When performance and outcomes are measured and monitored in a systematic manner that leads to quality improvements being delivered and sustained.

Key commitments:

- We will deliver safe care and reduce harm.
- We will reduce variation and create a safety learning culture.
- We will transform our patients' experience of care - making no decision about them, without them.
- We will create the conditions for quality.

Aims:

- We will demonstrably improve compliance against Health and Social care core standards and CQC registration requirements.
- Development of an implementation plan for the local National Patient Safety Strategy- includes pressure ulcers, deteriorating patient, self-harm, IPC, suicide prevention and least restrictive practice.
- Implementation of the Shared Decision-Making Framework

LEAD: Anne Scott

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (next steps)
Strengthen arrangements for the oversight of delivery against Care Quality Commission (CQC) standards. Development of a programme of development for Fundamentals of clinical care delivery	Deanne Rennie	• Implementation of quality visits and quality huddles for inspection readiness. The impact of these visits is enhanced oversight of quality standards and a direct feedback mechanism for areas of good practice and improvement to teams. There have been a number of positive outcomes following this process including Phoenix Ward provider collaborative visits, Mental Health Act visits on Sycamore and Coleman Ward. • CQC assurance action plan outstanding actions remain on track for completion. The timeliness of the completion and ongoing oversight ensure we are complying with regulatory standards and delivering high quality care. • Trial and evaluation of a new self assessment tool for Valuing High Standards completed. This new tool will impact on a wider range of services having clear, evidenced oversight of the standards of care and help identify good practice and improvement areas.		• Extend quality visits and huddles to CHS directorate • Continued monitoring of CQC actions and embeddedness • Launch of self assessment tool Valuing High Standards in FYPC • There are plans to review learning from the CQC best practice 'Safety culture: learning from best practice' report.
Development of an implementation plan for the local National Patient Safety Strategy- includes pressure ulcers, deteriorating patient, self-harm, Infection prevention control (IPC), suicide prevention and least restrictive practice.	Michelle Churchyard	• Project implementation group established and baseline review completed to establish the project plan for implementation of the new PSIRF framework. Taking a multidisciplinary led programme approach will support the culture shift required for the new framework. • Improvement programmes on pressure ulcers, deteriorating patient, self harm, IPC, suicide prevention and least restrictive practice in delivery. • New strategic pressure ulcer prevention group established with a work plan mapped to the NICE standards to reduce pressure ulcer incidence developed in our care. Review of pressure ulcer data set benchmarking how this aligns to the national audit/model hospital to know how we are doing • Development and implementation of the IPC winter plan. The Introduction of Lateral Flow Devices (FLD) testing all patient admissions, contact isolation, development of an influenza action card – impact reduced outbreaks, healthcare acquired infections and sustained patient flow. • Pilot phase of the use of body worn cameras to act as a deterrent and promote safety and learning, where patients are violent and aggressive towards staff and other patients leading to restrictive practices • The self harm group and Suicide prevention group have worked together review the new Self Harm NICE guidance and the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) suicide prevention toolkit for the majority of LPT MH Inpatient services to identify area of improvement.		• Establishment of the project plan to transition to the new Patient Safety Incident Review Framework (PSIRF). Workshops with the Executive Team and Trust Board. • Shared pressure ulcer improvement collaborative planned with NHFT and the LLR Integrated Care System. • Shared Deteriorating patient improvement collaborative with NHFT. • Developing a system pressure ulcer prevention strategy. • Test SWARM approach (a step change in how the trust responds to safety incidents) methodology in hospitals for category 2's. • Equipment ordering review, clinical oversight of contract, rejections, who can order to reduce delays and associated harm. • Launch of the new Hydration Policy following learning from incidents/complaints. • Evaluation of the body worn camera pilot and review of potential roll out to all acute mental health wards and other mental health /learning disability wards. • Using the self assessment from the NICE guidance on self harm and the NCISH toolkit the Trust policy on self harm and suicide will be reviewed and improvement plans agreed.

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Implementation of the Shared Decision-Making Framework	Emma Wallis	• Initial review of the National Institute for Health and Care Excellence (NICE) guidance led by the Clinical Effectiveness Group chair. New task and finish group established to identify improvement areas and implement. This has enabled a clear baseline of where there is good practice and where we need to improve our approach to ensure service users experience shared decision making around their care.		• Development of programme approach to improving compliance against the NICE standards and align to collaborative care planning and the move from the Care Programme Approach to Care coordination.
Delivery of Step up to Great for High Standards Programme for wider cohort of staff including community and Allied Health Professionals (AHPS).	Emma Wallis	• Programme commenced on 20 September 2022 and runs until April 2023. • Action learning sets commenced on 27 September 2022 and runs until 27 June 2023.Programme consists of nine band seven nurses, and five band 7 Allied Health professionals from all three directorates. The impact of this programme is the development of strong local clinical leadership across the nursing and AHP workforce which improve standards of care at local level.		• Ongoing delivery of the programme and evaluation.
Delivery of the LPT inpatient ward accreditation programme.	Deanne Rennie	• New trust wide accreditation tool developed and trialled and evaluated in 3 clinical areas, Thornton Ward, Community Integrated palliative Care Team and Coalville Hospital Ward 2. This new tool is enabling wider team involvement in the accreditation process, cross profession conversations and is able to be used across a wider range of settings other than inpatients. Its design also reinforces the Trust values and strategy at a local level.		• Implementation of self assessment programme commencing in FYPC/LD

LEAD: Samantha Leak

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- Address our waiting lists, particularly in relation to continence and Neuro.
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- Increase the focus on Learning Disability.
- Establish Neurodevelopmental Transformation Programme and Leicester, Leicestershire and Rutland (LLR) Autism service (children, young
- people and adults).
- Respond to the outcome of the public consultation on mental health services and support.
- Lead a clear digital plan that makes sure digital transformation is owned by the Trust.

Aims (CHS):

- Remain focused on ensuring safe high-quality delivery of care by reviewing our clinical staffing models.
- Develop and implement a Winter plan that is integrated into system delivery
- Progress our Ageing Well accelerator work
- Address our waiting lists, particularly in relation to continence and Neurodevelopmental

Community Healthcare Services

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (next steps)
Ensure CHS delivery against Trust's People Plan. Vacancy reviews in most challenged areas – deep dive plan. International recruitment facilitation & onboarding. Start partnership working with key partners such as UHL to explore opportunities to integrate.	Sarah Latham & Gayle Philipson	• International recruitment has progressed well in the community hospital wards and we have started with 2 international recruits in the community which we hope to develop and build on numbers into 2023. This is providing a reduction in our nursing vacancy numbers and enabling better quality care to our patients and a reduction in agency spend. This team of nurses are a fantastic asset to Community Health services • UHL and LPT Therapies integration collaborative is well established sharing good practice and areas to work together to enable improvements for patients of LLR • Consideration to skill mixing and alternative approaches to maximise clinical time in our most challenged areas to ensure improved quality clinical time to our patients		• Continue to support our International recruits ensuring independence and integration into the team • Expand the number of International recruits in the community setting • Progress skill mix opportunities • Enable clinicians to maximise their clinical time
Creating an integrated winter plan. Deliver actions from winter plan.	Sam Leak	• LPT winter committee established to develop and implement the winter plan to ensure we are as prepared as we can be over the challenging winter period • LPT winter committee links to SEB and to System Winter board to ensure a system approach to delivery		• Continue to deliver the actions against the winter plan • Use the forum to consider and develop plans for other emergency planning situations
Progress our Ageing Well accelerator work.	Nikki Beacher	• This is now fully integrated into Community Health Services, and we are delivering the 2hr Crisis response and the 2-day target for services. This is ensuring earlier access and decreasing the need for Hospital attendance. • The Ageing Well accelerator work has been implemented and now fully embedded and primarily sits in the ICB pillar Home First Collaborative. Within the collaborative LPT have achieved success with a number of projects such as the implementation of the falls app, care home quality which has seen a decrease in admissions and the implementation of the 2-hour crisis response which have all had a positive impact for patients using our services.		• Continue to ensure the delivery of the target
Improve mechanism for measuring and monitoring harm caused by long waiting. Clear trajectories and action plans for reducing waiting times. Working with system partners to explore collaborative approaches to decrease waiting times.	Nikki Beacher	• All services have a process in place to monitor patients 'waiting' over 12 weeks to prevent harm due to long waiting • CINNS and Continence deep dive, action plan and weekly meetings to review data, compliance and waiting list trajectories against demand and capacity. Now being completed with further CHS services. This has enabled increased capacity by prioritising clinical time and ensuring maximum efficiency. • Weekly PTL's with priority services and 1:1 sessions with staff to improve data quality issues, to ensure reporting is accurate.		• Capacity and demand reviews completed providing valuable information for the system planning rounds 2023/24 • Delivery of service action plans to decrease waiting times

Transformation

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LEAD: Tanya Hibbert

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Aims (MH):

- Respond to the outcome of the public consultation
- Develop a clear SUTG MH Delivery Plan building on the outcome and learning from the consultation
- Progress our therapeutic inpatient workstream
- Improve access and reduce inequalities in access to Mental Health services

Organisational Risk Register (Jan 23) (This report only details combined RED residual risks)	
A lack of capacity within the workforce model and a high vacancy rate is reducing our ability to assess and follow up patients in community mental health services in a timely way, impacting on the safety of care and the mental wellbeing for our patients.	Ref No: 86

Mental Health Services

Key Action 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next steps)
Initial communication and engagement to staff (through event). Communication to staff through video, presentations and podcasts. Development of communication and engagement plan for ongoing engagement around outputs of consultation and next steps. Delivery of plan.	Louise Reilly	• Multiple communication approaches have been adopted: - Monthly all staff in directorate communication update sessions in place - Monthly newsletter created - Workstream meetings and communication in place • Two co-design sessions undertaken to develop 'improvement bridge' for staff in directorate to shape the staging of changes for the remainder of the year. To be concluded in a final session at end of January 2023 • Refreshed the Step up to Great Mental Health programme with detailed plan and communicated through team meetings. • These initiatives will ensure staff can contribute and influence the development of the MH delivery plan which will also aligns to the public consultation.		• Blueprint communication document to be developed and communicated to support the launch of the accelerated implementation work to take place in 23/24. • Last co-design 'improvement bridge' workshop to take place (30th January) • Communication of outputs of improvement bridge and plan for 23/24 to be communicated through all staff and targeted team meetings across Q4.
SUTG-MH system-wide implementation plan developed re-including energising workstreams and programme governance. SUTG-MH VCS event to prepare partners for co-design. SUTG-MH transformation launch event to engage with staff and VCS and system partners set off work. SUTG-MH transformation plan agreed across system.	John Edwards	• Refreshed Step up to Great Mental Health transformation programme documents have been completed and new governance processes set up. This has been agreed through the SEB, EMB and is an item on January 23 Trust board. • Engagement with Voluntary sector has continued throughout 22/23. First formal network event took place in Morningside arena within Q3 with close to 100 attendees. • New shadow MH collaborative arrangements with LPT, wider system partners and VCS commenced in November 22. • These initiatives will ensure staff can contribute and influence the development of the MH delivery plan which will also aligns to the public consultation.		• Fully implement new reporting structure as part of the refreshed Step up to Great MH new governance arrangements • Continue the new shadow MH collaborative arrangements • Launch detailed plan for MH transformation for 23/24 from outputs of 'improvement bridge'.

Transformation

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Development of environment to support therapeutic admissions: • Submit business case for Oxevision • ASD environment programme of work and the ordering of goods.	Helen Perfect	• Oxevision business case has been completed and has already gone live on Aston Ward with Ashby next to go live by February. Early insights reports are being prepared to support full benefits realisation and evaluation. • ASD environment: Successful bid with NHS for one off funding for Sensory equipment to be available within MH acute inpatient wards has been completed. Equipment has been purchased which will enhance the service offer and achieve better outcomes for patients.		• Continued delivery of these key programmes of work
Access to therapeutic interventions – Clinical Pathways: • Continue to work with professional group to review and develop ASD Pathway inc review of Workforce, Estate, Collaborative Care and Training. -Development of nearly recruited ASD Care Navigator. • Launch physical health project group with new Team Manager for Older persons inpatients and physical health pathway.	Helen Perfect	Care navigator for ASD pathway: • Recruited at risk to the Clinical Nurse (CN) post -review of CN role being undertaken to see if business case is required to continue • Draft pathway developed, stakeholder engagement to take place to move forward, this is part of the better Mental health for all Therapeutic inpatient project (Q4). This will provide parity of care for MH patients and improve the awareness of wider service offers to patients and carers. Physical health: • Recruited to a Team Manager for MHSOP And Physical Health. The role is providing oversight and leadership of the different physical health streams together, including physical health, smoking cessation, addressing substance misuse and dietetic support which will address inequalities and provide care for the most venerable across the LLR system.		• ASD pathway - Draft pathway to be engaged upon and confirmed. • Physical health - Draft pathway to be completed and engaged upon.

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Mental Health Services

Key Action 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next steps)
Workforce: • Complete SUTG workforce plan and governance framework.		• Workforce plan in place for MH Directorate. Dedicated meetings and place and woven into the refreshed SUTGMH Transformation documents • Progress has been made with recruitment of a range of new roles as part of the workforce plan (including 24 clinical and business apprentices, and physician associates) which has reduced the number of vacancies and impacts positively on patient care and improve safety.		• Refreshed workforce plan in place for 23/24 and agreed with NHSE • LPT Skill Mix Review modelling for ACP and MPACS in scheduled to take place.
Effective Discharge: • work on winter discharge plan and successfully implement schemes		• Clear mental health winter discharge plan has been put in place • Frequent DTOC and discharge focused meetings established and undertaken (supporting the reduction of over 30 DTOCs to 14 by end of Q3) • 'Get in the Know' for mental health campaign established with extensive material to connect individuals and staff with the multiple voluntary sector and other complementary offers in local neighbourhoods to aid discharge and reduce escalations of need requiring admission over the winter period.		• Learning from winter planning has been reviewed and taken into the 23/24 annual plan

Transformation

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LEAD: Helen Thompson

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Aims (FYPCLD):

- Ensure the Best Start for Life and the importance of the 1001 first critical days
- Improve SEND provision
- Improve access and reduce inequalities in access to Mental Health services
- Increase the focus on Learning Disability
- Establish Neurodevelopmental Transformation Programme and LLR Autism service (CYP and adult)

CYP and Families and People with a Learning Disability

Key Action 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
• Have the children, young people and their families 'voice' in the planning of service provision in their local communities. • Ensure FYPCLD delivers against the Workforce Supply Delivery Plan 2021/22. • Submit a bid that ensures high quality and safety, for the Leicestershire and Rutland National Healthy Child Programme contract to take effect from September 2022. • Active participation in the bid to support the Leicester Family Hub development. • Effectively engage in the development of a Section 75 agreement with Leicester City Council's Public Health Commissioning Team, with an emphasis on integration between partners. • The first 1001 critical days: to continue to participate in the system-wide coalition of organisations to agree a strategic plan for the first 1001 days. • Adverse Childhood Events (ACEs) & trauma informed practice: participate in system-wide planning for trauma informed service delivery across the LLR workforce.	Janet Harrison Zayad Saumtally (involvement) Mandy White (workforce)	The achievements in Q3 will make an improvement and transform the experience for our patients. • Co-production embedded into all transformation programmes. Experts by Experience, peer and parent expert roles established across services in order to meet local need. • Ongoing workforce development plan – bespoke recruitment events for Beacon and support roles to maintain safe and quality services. • Recruitment and Onboarding Officer role established with success and in line with vacancy/agency trajectory. Pilot scoped for Skills Partnership with Leicester College. This work will help to reduce the workforce gap, enhance career pathways into heath careers, accelerate recruitment and onboarding of new staff and improve retention of new staff. • Bid process complete. New contract mobilised in September 2022. Ongoing development of SPOA/hub model which will improve the referral process and reduce waiting times. System and risk issues escalated through LPT and to ICB for collective action. • Directorate representation embedded into all three local authority Family Hub working groups; with engagement with parents, staff and partners on naming new Healthy Together single point of access (Healthy Together Helpline - HTH). Working collaboratively with partners and including the patient voice will ensure services are delivering in line with local needs. • Discussions with LA's regarding the interaction between Family Hubs (digital element) and HTH (provisional launch June 2023) which will progress integrated working at place/neighbourhood. • S75 – further collaboration with Leicester City Council to sustain a long-term partnership to strengthen integrated services. Draft specification prepared. Improved service delivery of the 0-19 Healthy Child Programme to children and families in Leicester City, through a shared agreement and resources. • Trauma informed - conversations with system continue and awaiting further guidance from ICB regarding benchmarking and next steps. Development session held in Q3. CAMHS Collaborative has developed TIC programmes with the University of Buckingham with opportunities for staff to participate and/or teach/facilitate in 2023. This work transform culture, upskills the team in TIC, supports and embeds good practice.		• Ensure meaningful engagement and co-production is established in all projects and transformation. Expand peer/expert roles. Gather case study stories for Q4 review. • Commence pilot for skills partnership and review the outcomes from cohort 1. • Deliver HT 2022/23 mobilisation plan. • Active participation in Family Hub working groups with clear plan of FYPCLD integration opportunities. • Deliver 2022/23 FYPCLD Digital Plan. FYPCLD Digital Lead and Healthy Together Helpline leads to meet with LA's to discuss seamless interaction between two services. • S75 – commence public consultation on 16/1/23 for 12 weeks. Revisit service specification, EIA and Due Regard for Governance, social value and monitoring (plan to mobilise new offer from July 2023). • Continue dialogue between HT and Mental Health Support Teams to more effectively triage children and young people referrals. • Continue to participate in the system-wide coalition of organisations to develop a strategic plan for the first 1001 days.

Transformation

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• Have the children, young people and their families 'voice' in the planning of service provision in their local communities with an emphasis on effective interaction with place-based parent carer forums. • Ensure consistent high-quality Education, Health and Care plans (EHCPs) in place to meet children's needs. • Participate in the forthcoming Leicester revisit inspection likely in February 2022. • Participate in the improvements to the Leicester local offer live planning for 2022. • Effective SEND Leadership • Ensure that service provision and planning is more inclusive i.e., autism friendly; and enables self-management for CYP and families.	Janet Harrison Zayad Saumtally (involvement) Mandy White (workforce)	The achievements in Q3 will make an improvement and transform the experience for our patients. •Co-production embedded into all transformation programmes. Experts by Experience (EbE), peer and parent expert roles established across services in order to meet local need. This work ensures the voice of EbE/peers/parents experts is driving change and improving service delivery. High quality EHCPs •Digital single point of contact for schools for annual review report requests commenced. The aim is to integrate and simplify the process for staff. •New templates developed on SystmOne and shared with teams via FYPCLD SEND Delivery Group. Shared information which will improve shared decision making and improve patient care. Leicestershire SEND revisit inspection November 2022 •3 day inspection with involvement from Executive Director, service operational and clinical leads, clinicians in evidence sessions, focus groups and case-study preparation supported by LPT Compliance Team. •Additional evidence provided during inspection in respect of waiting time information and information shared with families during the period of time waiting for service. The improvements will reduce harm and improve patient care. Leicester Local Offer Live •FYPCLD Business Support Officer participation in 3 Leicester Local Offer Live planning groups. •Directorate funding transferred to Local Offer Live event to support hosting of 10 FYPCLD information stalls. •10 service areas participated in event for parents, carers on 10 November 2022. •Workshops delivered for Leicester Local Offer Live virtual event 16 and 17 November 2022 including Sensory Profiling by the Occupational Therapy Service. Planning informed by service users. •FYPCLD continues to provide effective SEND leadership into the system with positive feedback received from all partners that enables effective collaborative leadership.	EHCP	•Ensure meaningful engagement and co-production is established in all projects and transformation. Expand peer/expert roles. Gather case study stories for Q4 review. High quality EHCPs •Deliver Q4 workshop sessions with ICB and SEND DCO to improve quality of EHCPs. •Following the Leicestershire SEND reinspection in November 2022, significant progress will commence in January 2023 in improving the quality of EHCPs across the area system including local authority, schools and health services. •There will be a focussed integrated improvement plan led by the local authorities and the ICB, commencing in January 2023 and continuing into next financial year, hence the amber rating. Leicestershire SEND revisit inspection •Deliver effective response to full inspection report with ICB. •Active participation in the likely development of improvement plan to address the quality of Education, Health and Care Plans for Leicestershire. •Deliver focus session with Leicestershire SENA teams to introduce Individual Health Care Plans (January 2023). Leicester Local Offer Live •Evaluation of event feedback from families to inform future planning. •Review of LPT Local Offer Live information across Leicester, Leicestershire and Rutland.

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CYP and Families and People with a Learning Disability

Key Action 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
Have the children, young people and their families 'voice' in the planning of service provision in their local communities. Ensure FYPCLD delivers against the Workforce Supply Delivery Plan 2021/22. Provide prevention and early intervention into schools and neighbourhood working. Provide crisis intervention 24 hours a day 7 days a week. Use best practice, PCNs, demographic metrics to target lowest referrers and priority areas. Ensure that service provision and planning is more inclusive i.e., autism friendly. Improving access for CYP to place-based mental health support within their school community through the ongoing development of the Mental Health Support Teams in Schools (MHSTs) programme.	Paul Williams Janet Harrison Zayad Saumtally (involvement)	The achievements in Q3 will make an improvement and transform the experience for our patients. •Co-production embedded into all transformation programmes. Experts by Experience, peer and parent expert roles established across services in order to meet local need. •Ongoing workforce development plan – bespoke recruitment events for Beacon and support roles. Recruitment and Onboarding Officer role established with success and in line with vacancy/agency trajectory. Pilot scoped for Skills Partnership with Leicester College. This work will help to reduce the workforce gap, enhance career pathways into heath careers, accelerate recruitment and onboarding of new staff and improve retention of new staff. •Early Intervention Eight qualified CWP's have been working at neighbourhood level to provide early intervention to increase access to mental health support. Earlier intervention will enhance service provision, patient outcomes and reduce the risks associated with waiting for appointments. •Crisis Support Crisis Plus team is fully staffed and is providing a service based at UHL Emergency Department 7 days a week, with 24 hour cover provided in conjunction with the all-age liaison team and the CYP Urgent Care Hub. Integrated LLR CYP MH pathway and team working. •Reducing Inequality Continue to use demographic data to target resource for additional capacity which will ensure we are offering our services to those who need it and the harder to reach groups. •Improve Inclusivity Launch of the ARFID (Avoidant Restrictive Food Intake Disorder) pathway for CYP with disordered eating and including autism and implementation of the Inpatient PBS team. This initiative has been implemented following an increase in ARFID cases and should help filter suitable cases for treatment with others being signposted to more suitable treatment and care. This will reduce waiting times, improve care and reduce the risks associated with waiting for treatment. •MHSTs Wave 7 launched with the new teams aligned to areas of deprivation and low MH referrals in Leicester City. This will help to reduce health inequalities and achieve parity of esteem for CYP located across the City.		• Ensure meaningful engagement and co-production is established in all projects and transformation. Expand peer/expert roles. Gather case study stories for Q4 review. • Commence pilot for skills partnership and review the outcomes from cohort 1. • **Early Intervention** • Evidence of increased alignment between early intervention teams in PMH and MHST. • **Crisis support** • Continue service provision and evaluate outcomes. • **Reducing Inequality** • Evidence of data driven decisions to target priority areas for reducing health inequalities in a neighbourhood/family hub model. Share learning. • **Improve inclusivity** • Expand training for autism and ARFID among practitioners and evaluate outcomes. • Ongoing delivery planning for wave 7 with Q4 project plan actions to be completed on time. Increase alignment between PMHT and MHST.

Transformation

4 of 5 slides

Key commitments:

- Progress our Ageing Well accelerator work.
- Address our waiting lists, particularly in relation to continence and Neuro.
- Work in partnership to develop and deliver a strategic plan to ensure the Best Start for Life and the importance of the 1001 first critical days
- Increase the focus on Learning Disability.
- Establish Neurodevelopmental Transformation Programme and Leicester, Leicestershire and Rutland (LLR) Autism service (children, young
- people and adults).
- Respond to the outcome of the public consultation on mental health services and support.
- Lead a clear digital plan that makes sure digital transformation is owned by the Trust.

LEAD: Helen Thompson

Aims (FYPCLD):

- Ensure the Best Start for Life and the importance of the 1001 first critical days
- Improve SEND provision
- Improve access and reduce inequalities in access to Mental Health services
- Increase the focus on Learning Disability
- Establish Neurodevelopmental Transformation Programme and LLR Autism service (CYP and adult)

CYP and Families and People with a Learning Disability

Key Action 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
Clear evidence of work with CYP, families and multi-agency system partners. • Vacancy, recruitment, training and onboarding priorities, as detailed in the plan. • Our service users with learning disability report having a positive experience of our services and are supported to live well in the community with wrap around support at the right time – patient feedback, audits. • Fewer people with a learning disability need to be admitted to hospital. • (IST) funding and support secured via the TCP three-year plan (from year 2). • Reduction in admissions to Agnes Unit or emergency acute admission, once bed is open.	Mark Roberts, Laura Smith (ASD) Sophie Pratt (ND) Zayad Saumtally (involvement)	The achievements in Q3 will make an improvement and transform the experience for our patients. • The LLR LD&A Collaborative establishing itself with an agreed way of working and confirmed our partnership arrangements with the ICB and local authorities. This brings closer working and improved outcomes for local people. • Launch of all age ChatAutism service in October 22, shortlisted for Nursing Times award. . • Launch of 'Autism Space' hosted on LPT website. These initiatives have reduced a CYP autism service gap which has resulted in achieving parity of esteem for this patient group. • Learning from Lives and Deaths People with a Learning Disability and autistic people (LeDeR) reviews of autism deaths commenced, governance arrangements including EbE/Carer advisory board embedded. The learning will help to increase the life expectancy for LD patients. • Benchmarking of services against autism strategy progressing jointly with LA's. • Recruitment into AAAS Clinical Team Lead and Highly Specialist Autism Assessor posts with recovery trajectory for 18 week RRT anticipated through 2023. • Programme of post diagnostic workshops being delivered during 2022/23 which will upskill the team, improve patient care and family support. • Special Autism Team is providing earlier intervention which will prevent escalation and support admission avoidance.		• Secure Executive sponsorship for Trust wide autism programme aligned to the SUTG Valuing High Standards accreditation. • Evaluation of LPT sensory friendly inpatients environments project due to commence. • Secure recurrent investment for the AAAS and SAT. • End of year evaluation of SAT. • Identify EbE to attend IMROC Autism Peer workers course funded by HEE. • Secure population health data on Autism. • Recruitment of band 8a 2WTE into the combined psychology team covering SAT and AAAS.

Transformation

5 of 5 slides

Key commitments:

- Progress our Ageing Well accelerator work.
- Address our waiting lists, particularly in relation to continence and Neuro.
- Work in partnership to develop and deliver a strategic plan to ensure the Best Start for Life and the importance of the 1001 first critical days
- Increase the focus on Learning Disability.
- Establish Neurodevelopmental Transformation Programme and Leicester, Leicestershire and Rutland (LLR) Autism service (children, young people and adults).
- Respond to the outcome of the public consultation on mental health services and support.
- Lead a clear digital plan that makes sure digital transformation is owned by the Trust.

LEAD: Helen Thompson

Aims (FYPCLD):

- Ensure the Best Start for Life and the importance of the 1001 first critical days
- Improve SEND provision
- Improve access and reduce inequalities in access to Mental Health services
- Increase the focus on Learning Disability
- Establish Neurodevelopmental Transformation Programme and LLR Autism service (CYP and adult)

CYP and Families and People with a Learning Disability

Key Action 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
• (ND) launch Phase Two of the LLR Neurodevelopmental Transformation Programme. Enable implementation of the delivery model to address waiting lists/gaps in current service provision. • (ASD) our service users with Autism will have a positive experience of our services and are supported to live well in the community. • (ASD) our service users with Autism will wait less time to receive care when they need it and will be supported to stay out of hospital as much as possible • (ASD) deliver the change process for the AADS using the IDMF framework as a best practice tool. (Covid-19 considerations required). • (ASD) Develop the Evidenced Valid Predictor Test Self-completion Questionnaire for LLR Autism Diagnostics Pathways (Adults). • (ASD) develop a plan for workshops for 18–25-year-olds and test with a small group. • Continue to implement plans and new ways of working to meet increased demand and overall waiting times. • Agree plans and secure funding for Responsible Clinician for SAT for 2022-23.	Mark Roberts, Laura Smith (ASD) & Victoria Evans (ND) & Zayad Saumtally (involvement)	The achievements in this section will make an improvement and transform the experience for our patients. They also contribute towards achieving parity of esteem aligning with physical health services, reduce waiting times and harm and upskill the workforce supporting career progression whilst improving services for local people. • First draft Business Case submitted and presented at SEB Clinical Exec board • ChatAutism expansion pilot • Training and competency framework agreed • HEE non-recurrent £21,000 funding for Health Training pilot site • EP funding and posts secured for 12 months • Launch of 1st ND Comms Newsletter • Solihull Approach approved for implementation to provide to all residents of LLR • Agreed Forms for Schools and Parent Carer, and Young Person form. • IM&T prioritisation group agreed support development of SystmOne unit. • Launch of all age ChatAutism service in October 22, shortlisted for Nursing Times award. • Launch of 'Autism Space' hosted on LPT website • LeDeR reviews of autism deaths commenced, governance arrangements including EbE/Carer advisory board embedded. • Benchmarking of services against autism strategy progressing jointly with LA's. • Recruitment into AAAS Clinical Team Lead and Highly Specialist Autism Assessor posts with recovery trajectory for 18 week RRT anticipated through 2023 • Programme of post diagnostic workshops being delivered during 2022/23 • SAT providing earlier intervention to prevent escalation and support admission avoidance		• Reformat business case into ICB business case template, to be presented to ICB • Deliver HEE Health Training pilot site by 31st March 2023 and evaluate • Accommodation schedule to be completed to support estates plan • Rollout Solihull Approach in LLR • Digital T&F Group to go live • Pilot GP Referral to be live in early 2023 • 2nd Newsletter to be circulated with focus on Child Young Person and Carer • Secure Executive sponsorship for Trust wide autism programme aligned to the SUTG Valuing High Standards accreditation. • Evaluation of LPT sensory friendly inpatients environments project due to commence • Secure recurrent investment for the AAAS and SAT • End of year evaluation of SAT • Identify EbE to attend IMROC Autism Peer workers course funded by HEE • Secure population health data on Autism • Recruitment of band 8a 2WTE into the combined psychology team covering SAT and AAAS

Key commitments:

- Progress our Ageing Well accelerator work.
- Address our waiting lists, particularly in relation to continence and Neuro.
- Work in partnership to develop and deliver a strategic plan to ensure the Best Start for Life and the importance of the 1001 first critical days
- Increase the focus on Learning Disability.
- Establish Neurodevelopmental Transformation Programme and Leicester, Leicestershire and Rutland (LLR) Autism service (children, young
- people and adults).
- Respond to the outcome of the public consultation on mental health services and support.
- Lead a clear digital plan that makes sure digital transformation is owned by the Trust.

Aims (Digital):

- Lead a clear digital plan that makes sure digital transformation is owned by LPT
- Ensure through a shared care record and other systems that staff have the information they need to do their job safely and efficiently at the point of care.
- Encourage a digital first approach, innovating whilst also supporting those who are not digitally literate
- Improve access and reduce inequalities in access to Mental Health services

LEAD: David Williams

Digital				
Key Actions 22/23	**Lead**	**Qtr3 Achievements (Practical Examples)**	**RAG**	**Qtr4 Plan (Next Steps)**
Develop Plans at directorate level Develop a network of digital champions Appoint Clinical Safety Officers	David Williams – supported by CTO (Tirath Singh) & CCIO	• Directorate level priorities discussed at directorate level meetings • 9 wards have been upgraded with improved wi-fi, and a roll-out of new devices has commenced. These 2 changes improve the mobile recording of patient observations and ways of working in our in-patient wards • Refresh of the digital plan has been delayed during the recruitment for the Director of HIS role • Clinical Safety Officers in each operational directorate now established, this reduces harm and risk to patients as well as improving patient outcomes.		• Translate priorities into directorate level plans • Commence Director of HIS role and review digital plans in order to have a refreshed plan from April 2023 • Recruit to digital champion roles across LPT • There are 2 other wards awaiting an upgrade and this upgrade will happen at the same time as they are refurbished as part of the dormitory elimination programme. • Explore links with primary care forums
Active engagement with LLR Shared Care Programme Ensure actions assigned to LPT are met in a timely manner, for timely staff access to shared care records Develop plans to ensure that LPT data is accessible TO LLR partners via shared care records	David Williams – supported by CTO (Tirath Singh) & CCIO	• LPT CCIO member of Shared Care Record (ShCR) Programme Board, Shared Care Programme reviewed and overseen at the LLR Digital Group, chaired by LPT. Communications shared with staff and a number of demonstrations of the record have been provided in LPT. • All actions are being met • Plan for LPT data to be consumed, is driven by ShCR Programme Board. On track		• Plan for LPT data to be consumed within the Shared Care Record, this is driven by ShCR Programme Board. On track • Understand Local Authority and UHL timelines for data to be uploaded to ShCR, test and review the benefits for LPT
Hold engagement sessions at IM&T Committee LLR Stakeholder Engagement	David Williams – supported by CTO (Tirath Singh) & CCIO	• Engagement sessions held on Digital Social Care Record, and LLR Shared Care Record which will improve information sharing and in turn better outcomes for patients.		• Develop and review our What Goods Look Like Plan for 2023/24 enabling us to ensure a clear plan is deliverable from April 2024.

Equality, Leadership, Culture

Key Commitments

- Make the Trust a better place to work by ensuring staff are safe and healthy, physically and mentally well and able to work flexibly.
- Take action to ensure our Trust engages staff well.
- Recruiting and retaining our people.

Aim:

- We value inclusive, compassionate behaviours and show pride in our collective leadership and in our Trust

Slide 1 of 3

LEAD: Sarah Willis

Organisational Risk Register (Jan 23) (This report only details combined RED residual risks)	
High agency usage is resulting in high spend, which may impact on the delivery of our financial targets for 2022/23.	Ref No: 85

22/23 Plan	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (next Steps)
We will continue to deliver the LPT People Plan which focuses on: • Looking After Our People • Belonging in the NHS • New Ways of Working • Growing for the Future	• Mapping exercise with Directorate to establish practically what flexible working they can accommodate to make our approach more tangible and consistent. This will help retain existing staff and enable us to maximise our recruitment reach for additional staff and provide more resource to help care for our patients. • Introduction of support pack to give consistency to how new roles are introduced and embed learning. This is to ensure roles are sustainable, the experience of staff entering into them is good and that the new role is integrated with existing workforce to maximise patient experience and minimise risk. • Increased number of Education mental health practitioners and advanced clinical practitioners/approved registered clinicians. Improves the skills of our staff to provide great care. • MIDAS award for reverse mentoring programme. This programme helping develop our staff's cultural competence, allowing better understanding patient needs and LPT to be a great place to work • LLR and regional development programme for BAME nursing, midwifery and AHP colleagues bands 5 – 8a to increase numbers of BAME leaders at higher bands (DDL and DAL) aiding staff retention and strengthening our cultural competence. • Continuing to support LLR programmes supporting EDI and inclusive leadership including Cultural Competency Enabler, Active Bystander. Again this will enhance patient and staff experience. • Participation and continued support of LLR talent management plans, creating a system led approach to managing talent to help retain staff and develop the competency of staff to improve patient access to services. • Relaunch of Our Future Our Way, recruiting 80 new change leaders to improve staff and patient experience and for LPT to be a great place to work • Embedding NHSE&I Culture and Leadership Programme (CLP) framework, attracting £7k funding to improve staff and patient experience and make LPT a great place to work • Launch of LPT Senior Leaders Programme pilot in FYPCLD, supporting succession plans and develop inclusive, compassionate and system focussed leaders which will help retain existing experienced senior leaders, shape our succession plans and attract future talent.		• Engagement and work plans for Change Leaders to take forward workstreams to support culture and leadership programme of work • Executive engagement and discussions on culture and talent • Scoping of system talent management offer aligning with talent development of LPT leaders • Drafting of 2023 LPT People Plan • LPT learning as part of the Restorative Just and Learning course through Northumbria University. • Commitment to continue with Group Anti Racist Pledge and collaborative workstreams in 2023
Continue to support our staff in their health and wellbeing	• Winter Wellbeing Comms highlighting support on offer • Holidays together offer shared with staff • Discounted Wizard of Oz theatre tickets • Health and Wellbeing Roadshows • Establish menopause working group to co-create women's wellbeing pathway • Group events for International Men's Day and shared across the LLR – 3 day event. • Focus on back to basics and importance of taking breaks All of these initiatives are based on improving staff experience, provide high quality wellbeing for all, and supporting staff retention and resilience to provide services to patients.		• System is looking to mobilise a wellbeing bus that can go out across LLR to signpost staff to financial wellbeing support. This will help us engage with hard to reach parts of our workforce to support them. • Schedule of further Health and Wellbeing roadshows in place • Awareness raising communications about potential areas of tax relief to support our staff finances. • Continue with establishing women's wellbeing pathway in collaboration with EDI women's network • Planning for 2023 Wellbeing Road Show

Equality, Leadership, Culture

Key Commitments

- Make the Trust a better place to work by ensuring staff are safe and healthy, physically and mentally well and able to work flexibly.
- Take action to ensure our Trust engages staff well.
- Recruiting and retaining our people.

Slide 2 of 3

LEAD: Sarah Willis

Aim:

- We value inclusive, compassionate behaviours and show pride in our collective leadership and in our Trust

Organisational Risk Register (Jan 23) **(This report only details combined RED residual risks)**	
High agency usage is resulting in high spend, which may impact on the delivery of our financial targets for 2022/23.	Ref No: 85

22/23 Plan	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (next Steps)
Put workforce at the centre of our plans so we can to sustain and where possible increase capacity	• Reintroduced stay conversations to help retain staff • Active cost of living support: Wagestream, temporary mileage rate, sign posting of financial support and wellbeing offers, involvement in establishment of 2 x foodbanks for Trust staff. Our staff are our key asset, and looking after our existing staff helps preserve our existing capacity so that new staff we attract in increase our capacity rather than backfill leavers. This is to provide high quality wellbeing for staff and retain our staff. • Tupe in of circa 300 estate staff including support to ensure that they were paid correctly and on time. Our aim here is to get the relationship off on a positive footing to help retain these staff and take care of the basics, so they are engaged as services develop further. • Relaunch of the Our Future Our Way change leaders to improve staff and patient experience and retention.		• Continuing temporary mileage uplift to ease financial pressures due to fuel inflation. • involvement in establishment of 2 further foodbanks for Trust staff to support our staff wellbeing. • Reviewing recruitment and retention payment schemes to ensure we remain competitive in the recruitment market and can attract and retain our staff. • Engagement with change leaders to introduce new ways/approaches to working
Support our staff in developing their careers and enable them to progress so retaining them in the NHS	• Our Future Our Way Leadership, Inclusion and Culture Programme launched 25 November 2022, with 75+ Change Leaders from all areas, roles and backgrounds (including Bank), backed by Trust Board. They will engage with staff and service users to identify areas for improvement and co-design those culture changes with staff, improve staff and patient experience, improve retention and make LPT a great place to work • Refocus of the LPT Administrative and Clerical Improvement Group to identify opportunities for development and career progression for our non clinical workforce which aims to improve staff experience, improve retention. • Review of the Line Manager Pathway identifying skills gaps and value added learning, creating inclusive and compassionate leaders to make LPT a great place to work. • Engagement with LLR systems programmes of development and talent management to aid retention, succession plans.		• Refreshed leaver questionnaire process to help increase intelligence on why people leave and what we can do about it. • Further changes being consulted on around pensions schemes and flexibilities- communication plan to share information once final position known so that people understand their options and where possible stay in our workforce. • Refreshed TORs for the Administrative and Clerical Improvement Group with focus on development and career progression of non clinical workforce • Refresh of Line Manager Pathway • Continued engagement with LLR systems programmes of development and t5alent management.

Equality, Leadership, Culture

Slide 3 of 3

LEAD: Sarah Willis

Key Commitments

- Make the Trust a better place to work by ensuring staff are safe and healthy, physically and mentally well and able to work flexibly.
- Take action to ensure our Trust engages staff well.
- Recruiting and retaining our people.

Aim:

- We value inclusive, compassionate behaviours and show pride in our collective leadership and in our Trust

Organisational Risk Register (Jan 23) (This report only details combined RED residual risks)	
High agency usage is resulting in high spend, which may impact on the delivery of our financial targets for 2022/23.	Ref No: 85

22/23 Plan	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (next Steps)
Ensure our workforce plans enable us to recruit a workforce to meet our future needs	• Embedding of establishment control and refining financial data to give accurate picture of vacancies. This will enable us to work smarter to target both recruitment and other approaches to delivering our workforce such as skill mixing to support patient access to our services. • Embedding of Recruitment planning tool and task and finish approach to give greater visibility and identify where further recruitment activities required to recruit key workforces within the Clinical Directorates. WTE vacancies Aug 2022 01 Jan 2023 Registered Nursing: 468 415 Admin: 106 49 nursing support: 164 149 • Increased capacity of recruitment team to deal with the higher numbers of staff coming in and improve their experience. • Onboarding officers recruited to support new starters in their roles. Reintroduction of new starter surveys and new starter forums to help us connect with our new staff and ensure they have what they need to deliver their roles. • Fellowships in Psychiatry: 1 appointment underway, this offers a way of widening access to our medical workforce and helps support recruitment in a challenging area. This opportunity created a lot of interest so we are reviewing if we can appoint further from interested applicants. • Attended a range of third party recruitment events in October/November aimed at recruiting newly registered clinical staff to support our overall recruitment plans. • Introduced local assessment day approach for CHS community healthcare assistants and admin recruitment giving us strong grip on our recruitment approach. • Introduction of digital identity checking to support recruitment processes and bring people into the workforce easier and quicker.		• Trajectory and pipeline in place to achieve following vacancy levels in Q4 within the Clinical Directorates • Revisiting recruitment processes through Quality Improvement approach and developing skill set of new starters in recruitment team to enable them to manage the volume of recruitment coming through and improve the applicant experience. • Further work to have a fully accurate position of medical vacancies • System careers event for mid March to help attract people into careers in health and care and develop a future workforce • Further assessment days to recruit to residual nursing support vacancies so that we have the right staff level to support our patients. • Further marketing development of the Healthcare support worker/assistant on our website and in local media through NHSE funding to help with our recruitment drive • Develop resourcing plans for residual Enabling/Hosted services where there are a volume of vacancies, e.g. HIS so that we have the right staff available to support our clinical services.
Focus on meeting our requirement for registered staff including international recruitment (IR).	• Year to date 22 IR nurses started, 1 leaver. Shortfall against plan is around mental health nurse supply proving very challenging and IR physical health nurses preferences to not drive and to work in inpatient settings rather than the community opportunities we had identified for them. • Secured funding for 6 existing staff who are working in non registered roles to put them on a registration pathway, widening access to our candidate base to develop these staff to registered roles and provide services to patients. • Appointed backfill International Recruitment Matron to lead on our international recruitment strategy, a significant approach to helping reduce our registered nursing vacancies and maintain our services. • Attended exploratory meeting in Republic of Ireland and commenced relationship building with relevant universities as a potential country of supply for further international recruitment.		• Annual training need analysis submission and collation • 6 further IR mental health nurses expected in this period • Further engagement work with universities both within and outside LLR footprint • Working on supplier management of agencies to support further mental health international recruitment • Mobilising external advert for in country internationally trained staff who are working in non registered roles to put them on a registration pathway- this offers a way of maximising the skills of people already in the UK • Develop 2023/24 plan so that we have realistic numbers of IR nurses joining us that can be safely assimilated within existing teams. • Exploring further opportunities of recruitment from Republic of Ireland as a destination to secure registered nurses from.

Patient Experience and Involvement

Key Commitments:

- To capture and use the learning from patient feedback and engagement to inform and influence how the Trust delivers and designs its services, including Implementation of the new Friends and Family Test system across the organisation.
- Deliver continuous development of patient/carer participation and involvement.

Aim:

- We will make it easy and straight forward for people to share their experiences
- We will increase the numbers of people who are positively participating in their care and service improvement
- We will improve the experience of people who use or who are impacted by our services

LEAD: Anne Scott

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
Use feedback collected through the Friends and Family Test. Spread and adopt best practice across the Trust. Improve the experience by ensuring feedback, both positive and negative, is heard and understood by the relevant clinical and managerial teams. Increase members of our Patient and Carer Involvement Network. Development and implementation of a framework for lived experience. Integrated governance with the involvement of patient and carer leaders in corporate meetings & Trust service improvement programmes. Establishing a Community of Practice for staff. Use feedback to learn and make continuous improvement. Use feedback to learn and make continuous improvement Peer Review (PR). Reduce the amount of time taken to investigate complaints and improve the quality of our complaint investigations and responses	Alison Kirk	• 15 Steps Programme – 13 reviewers made up of service users/carers, and A&C staff have commenced 15 steps reviews at various services across the Trust. By enabling service users' and carers' voices to be heard clearly, the tool can be used to gain an understanding of how people feel about the care provided, how high levels of confidence can be built and what might be done to increase service user confidence as part of a continuous improvement journey. • Patient Led Assessments of the Care Environment (PLACE) now completed, resulting in all identified issues being resolved, all contributing to improved patient experience across our sites. 10 assessments undertaken, resulting in a range of improvements to care environments including: improved patient facing information boards; litter picking rotas for inpatient open spaces; tv's, radio's and clocks being installed onto wards, where missing. • Service user and carer involvement in recruitment - 10 panels providing a patient perspective took place during Q3. Having lived experience input into recruitment of staff which includes patient outcome questions at interviews and patient-led questions on which candidates are assessed aligns with valued-based recruitment triangulated with Trust values. • Increase in patient leaders working collaboratively within service areas on medium and long term QI projects resulting in an increase in coproduction in quality improvement and transformation, patients are active partners in delivering quality improvement and transformation. • Customer services training – all uLearn (LPT learning portal) modules reviewed with staff and lived experience representatives. This means staff have access to training and support materials to help them when speaking and engaging with patients and carers in their roles. Improvement in concern resolution at point of entry and reduction of concerns and complaints formally received. • Foundations of patient care programme launched with 30 attendees made up of service users, carers focusing on patient centred improvements, experienced based co-design and collaborative working. This will increase staff capability and understanding of patient experience and involvement across the Trust. • Second Complaints Peer Review took place with staff from across directorates and lived experience representatives – contributing to the ongoing improvement of the complaints process of the Trust. The aim of the reviews, which involve those with lived experience are to ensure that our complaints management and responses place the complainant a the centre. Improvements include our complaints letters, which have been made on the back of reviews, resulting compassionate and responsive complaint responses. • Friends and Family Test (FFT) – 9139 responses were received in the quarter. 86% of those responded provided a positive experience and 8% negative. Helpfulness of staff was the key theme for positive experience, whist waiting and appointments represented the key theme for poor experience.		• Cocreation of values based recruitment questions with service users and carers deferred to Q4. • Peer Review next session booked for Feb 2023. • Establishment of directorate-level Patient Experience and Involvement Groups following recommendations from 360 Assurance Audit. • Launch of Ulearn Customer Services Module. • PALS – launch of new documents for management of concerns following PALS Review. • Recruitment to 2 Patient Safety Partners and 6 Patient and Carer Partners • Relaunch of People's Council as part of the reset of the Council, recruitment of new members with enhanced role descriptions and role of the voluntary and community sector • Re-introduction of service users into the Involvement Centre and Mett Centre Building • Introduction of face to face sessions as part of Recovery College delivery • Peer Support Worker training commences – fully delivered in-house via Recovery College. • Youth Advisory Board (YAB)- Identify Lead for YAB for 2023/4 • Carers- Identify LPT priorities and develop plan with working group against LLR carers Strategy (due to be launched and released Jan 2023).

Key Commitments:

- Providing leadership for ongoing improvement across our Well Led framework, informed by learning from others
- Contributing to the delivery of joint governance objectives under the Group Model with NHFT.
- Contributing to the development of ICS governance and risk systems.
- We have a clear data quality framework and plan that guides our delivery of great data quality.

LEAD: Chris Oakes/Sharon Murphy

Aims:

- Providing leadership for ongoing improvement across our Well Led framework, informed by learning from others.
- Contributing to the delivery of joint governance objectives under the Group Model with NHFT.
- Contributing to the development of ICS governance and risk systems.

Organisational Risk Register (Jan 23) **(This report only details combined RED residual risks)**	
Inadequate control, reporting and management of the Trust's 2022/23 financial position could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy).	Ref No: 81

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
To review the feedback from the CQC. Benchmark against two other Trusts (one to include NHFT)	Chris Oakes/Kate Dyer	• The latest CQC report has been reviewed and all well led related recommendations and learning have been captured on the Trust wide CQC action plan. The two must do actions are rated green (call bells closed and dormitories ongoing and on track). The two should do actions are also closed. • Directorate well led sessions are being delivered, FYPCLD and MH complete. • Draft well led statements developed with Trust Board and Directorates. • Discussions on managing well led within the directorates have been held with the corporate CQC team. To be incorporated into the accreditation work. • Benchmarking is captured via the joint governance workstream within the joint working group. • All actions will lower risks, improve dignity and respect along with better outcomes for patients using our services.		• Complete all directorate well led sessions (CHS) • Finalise the well led statements and library • Commission external well led review with NHFT and deliver Trust Board development sessions alongside the review. • 360 Assurance to undertake well led governance review within the directorates • Ongoing well led development programme (including benchmarking) as part of the Joint Governance work with NHFT.
Formalise joint governance meetings Agree updated Terms of Reference (ToR) and formal agenda structures for executive team meetings Agree an approval levels process LPT to review output from 2021 Well Led review by the CQC.	Chris Oakes/Kate Dyer	• A Group Model MoU and Committees in Common ToR is in place, these have been reviewed, updated and approved for the current year by both Trust Boards in November 2022. • The group Committee in Common (CiC) is delivered by a Joint Working Group. A ToR is in place. The effectiveness of the JWG was assessed at the end of year one (21/22) and was found to be effective. The ToR was reviewed, updated and approved by both Trust Boards in November 2022. • Revised remit for SEB and EMB have been approved and these have been in place since September 2022. An approvals level flow diagram has been approved and will be subject to further review alongside the development of a SOP. • See above re CQC feedback • These actions will improve services for our staff and patients as well as reduce health and safety risks.		• Finalise a SEB/EMB SOP • Update and finalise the approval levels • Ongoing JWG for oversight of joint programmes including the joint governance workstream. • Governance departments to take over the support for the JWG from January 2022.
Involvement in the governance group within the ICS	Chris Oakes/Kate Dyer	• LPT representation is in place for relevant ICB governance meetings ensuring the organisation is well-led at senior level.		• To draw up a map of governance meetings, representation and feedback processes

Key Commitments:

- Providing leadership for ongoing improvement across our Well Led framework, informed by learning from others
- Contributing to the delivery of joint governance objectives under the Group Model with NHFT.
- Contributing to the development of ICS governance and risk systems.
- We have a clear data quality framework and plan that guides our delivery of great data quality.

Aims:

- Invest in our resources to deliver optimal health outcomes
- Spend public money in the most efficient and effective way
- We have a clear data quality framework and plan that guides our delivery of great data quality

LEAD: Chris Oakes/Sharon Murphy

Finance & Data Quality				
Key Actions 22/23	**Lead**	**Qtr3 Achievements (Practical Examples)**	**RAG**	**Qtr4 Plan (Next Steps)**
Deliver the 2021/22 capital and revenue plans Development of a clear financial plan for 2022/3 which aligns to Trust Strategy and LLR system plans	Director of Finance	• The Trust is on track to deliver the 2022/23 capital plan. There are competing pressures but these are expected to be managed throughout the remainder of the year. • The Trust is not on track to deliver the initial revenue plan of breakeven. The LLR system have worked closely in Q3 to understand what the likely position will be. A number of mitigations have been enacted and achieved. • The Trust has commenced work on the 2023/24 financial plan with draft financials produced.		• It is expected the Trust's achievement of it's capital plan will be confirmed in Q4. • The Trust will embark on the NHSE protocol process and submit a revised revenue FOT that we expect to achieve. • The 2023/24 financial plan will be formalised and shared at various committees and with ICB colleagues.
To take part in and report on the use of resources audit. Counter fraud functional standards – assessment submission	Deputy Director of Finance	• The Trust is compiling evidence and corresponding narratives to demonstrate value for money in relation to the KPMG VFM exercise. • The Trust was rated green in all but one area of the counter fraud functional standards. One area "Access to and completion of training" was rated amber. This relates to difficulties in uploading the new training pack onto uLearn.		• Continue to work with KPMG regarding any queries from the VFM audit • Support 360 Assurance where possible in re-establishing fraud training on uLearn.
Review data quality policy Develop data quality improvement plan Data protection and security toolkit - submission	Head of Data Privacy	• Data Quality Policy under review and due to be returned to Data Quality Committee in February 2023 for approval. • Data Quality Plan rewritten to reflect key priorities for delivery over the next 15 months. • Data Quality Plan approved at Data Quality Committee 06/12/2022. • Data Security and Protection Toolkit (DSPT) requirements for 2022/23 assessed. • Completion of Data Security and Communications Training and awareness campaign. • DSPT Requirements provided to requirement owners. • New Data Privacy Team approach to DSPT implemented. • Having robust and reliable data builds confidence so the Trust can shape services aligning with local needs that get better outcomes for patients and staff.		• Approval of Data Quality Policy. • Implementation of Data Quality Plan requirements for Q4 with highlight reports to Data Quality Committee. • Progression of Data Quality Communication Campaign. • Preparation and delivery of DSPT Baseline submission.

Reaching Out

Key Commitments:

- Ensure a sustainable local community
- Create a sustainable planet
- Support the reduction of poverty through employment and job creation, anchoring wealth in LLR through our procurement processes
- Positively supporting economic and regeneration policies and practices that will support the most vulnerable within our society.

Aim:

- Support a sustainable local community in LLR
- Positively support environmental, economic & regeneration improvements, policies and practices in LLR
- Supporting our most vulnerable in society; raising health equity across LLR

LEAD: David Williams

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
Review the current work with other NHS partners, local authorities and other stakeholders and identify areas of work where LPT can work with others to support our sustainable communities.	David Williams/Alison Gilmour David Williams/Alison Gilmour and John Edwards	• We have met with 2 local colleges and developed proposals for how we can support people to come into the NHS. The local colleges have specialist support to enable those who are nearly work ready to become work ready. We have agreed these proposals in Q3 and identified we would pilot them in Q4. We are having early discussions with our local universities about how we can connect support to students from the universities and from the NHS. Our work with the VCS in LLR has been highlighted in the transformation brick.		• In Q4 we expect to deliver our new ways of working with the college, this will increase the number of people working in FYPCLD (our initial pilot area). This supports our local communities through looking to develop communities and provide work locally. • Further meetings with universities will identify a care pathway and then inform the timeline for the delivery of this.
To have an agreed set of principles that set out our commitments to this aim, agreed through our Trust public board meetings	Overall principles David Williams & Alison Gilmour Recruitment & volunteering Sarah Willis Sharon Murphy/ Sarah Holliehead	• We are collating our current reaching out activity and social value. We have shared our work with our senior leadership forum and are currently identifying our strengths and areas for development. This work will support our communities to develop and should enhance LPT's reputation in the community, increasing our recruitment and improving our retention for existing staff.		• We will complete and publish our review of our current provision for social value, we will have a plan for how we will improve our reach and social value for 2023/24.
In our first year of this aim we will be a member of the local authority and NHS group to reduce health inequalities in LLR and play a full role in agreeing a plan and implementing that plan to improve equity.	David Williams/Haseeb Ahmed/ Mark Powell	• We have attended and supported the ICB equity group and have commissioned additional work to learn more about any inequity in our services for people with Autism. Working in partnership with Leicester City Council we are also reviewing access and outcomes from some services for our different communities.		• In Q4 we expect to conclude this work and then share the outcomes. This will enable pathways to change and develop, providing more equitable services. The exact changes will be identified after the analysis of the information.

Key Commitments:

- Therapeutic environments that improve outcomes for people using services by supporting safe, joined up, person-centred care.
- A positive and effective working environment for all staff building on the learning from post Covid 'reset and rebuild' work.
- Greener NHS buildings and identifying our route to net zero.

Aim:

- Therapeutic environments that improve outcomes for people using services by supporting safe, joined up, person-centred care
- A positive and effective working environment for all staff
- Greener NHS buildings and identifying our route to net zero

LEAD: Paul Sheldon

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
Eradication of dormitory accommodation Update of Strategic Outline Case for health campus	Chief Finance Officer / Associate Direct of Estates & Facilities / Head of Capital Projects	• Major project to eradicate dormitory accommodation has met CQC requirements in Bradgate, with all 4 older wards completed on time, on budget. The work will improve privacy and dignity for people using our inpatient services. Patient and staff feedback has been very positive with the aim to improve the recovery time for those using inpatient services. • Other sites incl. Bennion and Evington are on site.		• Bennion planning delay by the City Council is nearing resolution and will start on site Jan 2023.
Implement facilities management business case to deliver the capacity and capability for high quality estates	Chief Finance Officer / Associate Director of Estates & Facilities	• Successful implementation of FM Transformation Business Case. LPT took on all services from 1/11/2022. • Helpdesk operations in place. • Safe transfer of staff. • These changes have resulted in local people being employed by the Trust who are delivering services for local people living in and around LLR.		• Estates & Facilities team to continue to develop LPT's systems and processes in managing the inherent issues resulting from transfer from UHL. • Continue to recruit to vacant posts.
Provide an initial focus on developing green plan action and embed sustainability in everyday working.	Chief Finance Officer	• All new build capital schemes have NZC included in engineering and construction plans, e.g. P001. • Draft sustainability plans complete and socialised in LPT. • The aim is to improve inpatient services that will aid recovery, expedite discharge and supporting people to return to their homes.		• Corporate appointments to lead sustainability agenda to be made.

Key commitments:

- Improve access in a prompt responsive and suitable manner.
- Ensure that the Standard Operating Procedures governing access are being adhered to consistently across all areas.
- Improving data quality and performance monitoring in relation to access.

Aim:

- Improve access in a prompt responsive and suitable manner.
- Ensure that the SOPs governing access are being adhered to consistently across all areas.
- Improving data quality and performance monitoring in relation to Access.

LEAD: Dr Saquib Muhammad

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
Support the implementation of the policy framework - improving Access policy implementation across all 3 directorates.	Directorate Business Managers	• Improving Access Policy implemented across all clinical directorates, improving awareness of the importance of robust and consistent waiting list management which will feed into the review of the Improving Access Policy in Q4. • A copy of the policy is available on the LPT website and can be accessed by staff and public.		• Review 'priority services' to ensure continue to fit the criteria. • Adjust service classified as a 'priority' , adding or removing as required. • Review, consult and update Improving Access Policy to reflect changes required since last review (2020). • Re-establish Improving Access Group in line with updated ToR and agree work plan for 2023/24
Ensure all services have an SOP for access.	Directorate Business Managers	• All services have a SOP in place to support effective management of waiting lists. This provides the foundation for robust and consistent waiting list management within and between services. This will in turn support equity of access with clear criteria for prioritisation and appointment allocation.		• Services to review SOPs to ensure remain relevant and appropriate
QI focused approach to waiting list management including implementation of validation and PTLs.	Directorate Business Managers	• All priority services have improvement plan in place, these ensure clear actions are in place to minimise wait times in the services identified as under greatest pressure.		• Services to review and update Improvement Plans for all services identified as 'priority' to ensure remain appropriate and relevant, paying particular attention as to expected and actual impact of actions. To be coordinated through the re-established Improving Access Group.

Trustwide Quality Improvement

Key commitments:

- We will proactively work with Northamptonshire Healthcare Foundation Trust (NHFT) on a single approach for both Trusts, optimising the shared learning approach, building on the learning from post Covid 'reset and rebuild' work.
- We will set clear priorities for Quality Improvement initiatives.
- Widening the opportunities for more people to participate in research to inform future health and social care.

Aims:

- We will proactively work with NHFT on a single approach for both Trusts, optimising the shared learning approach
- We will set clear priorities for Quality Improvement initiatives
- We will ensure that the infrastructure supporting Quality Improvement is effective and sustainable
- We will ensure that the Quality Improvement is embedded
- We will research

LEAD: Anne Scott

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
Develop joint QI strategy with NHFT Develop and implement LPT priorities for Quality Improvement (QI)	Deanne Rennie/ Heather Darlow/ Andrew Moonesinghe	• Delivery of a group Quality Improvement training and development blended offer to maximise resources across the group to increase QI capacity and involvement in QI projects to support patient care • Development of a QI group lead role to oversee programme delivery & capability across both LPT & NHFT to enhance learning opportunities across the group and maximise efforts to support staff in QI to effect patient care • Development of a group head of surveillance role to ensure essential standards of quality and safety are maintained and drive continuous improvement in quality and outcomes for both LPT and NHFT. • Implementation of a prioritising framework to support the delivery of trust wide quality improvement and maximise specialist resource to support a reduction in key areas of patient harm • Alignment of QI and Transformation agendas. A robust delivery approach embedded within the organisation to enable and support service improvements and align with patient need. • Delivered 11 QI in box sessions with a total of 107 participants attending making an improvement on the spread of knowledge and understanding by staff. • Delivery of shared spaces for learning for staff - QI Café held on 13th Dec 2022. • WeImproveQ programme workstreams reported via QI and Transformation Delivery Group to ensure oversight of improvement		• Recruit to QI Group Lead role to build capacity to support and strengthen capacity of the trust to improve • Recruit to Head of Surveillance role to strengthen capacity of the trust to improve • Further develop QI communication strategy. Further raising the profile of QI with a focus on weekly drop in sessions, the QI Cafes, QI in a box sessions and how to get involved and get moving with improvement. • Work with Transformation leads on a joint QI and TX business case for capacity and capability for the trust to deliver improvements. • Further integration of improvement methodology within existing OD programmes e.g. Don Fellows, Change Leaders to support staff deliver high quality care • Review the existing maturity index and plan actions for growth to ensure Quality Improvement programme adds benefit to staff and patients • There is a risk WeImproveQ Team capacity with a growing agenda will impact on ability to progress developmental/QI work in timely way. The team will review projects/process and develop business case for capacity and capability.
Strengthening research projects across a wider range of partnerships crossing organisational boundaries.	Dave Clarke	• Draft R&D Plan signed off at R&D Committee and shared with NHFT. • Delivery of "research in a box" sessions within the overall QI framework, and planned drop-in sessions. • First ever commercial research trial in Adult Nutrition and Dietetics completed December 2022. • Secured ENRICH role in LPT to work more closely with Care Home Sector. • The achievements will support meaningful patient outcomes.		• Seek adoption of the R&D Plan and targeted investment to reinforce Sponsor and Delivery capacity to support meaningful outcomes • Outline key elements of academic/NHS milestones towards a centre of excellence supporting patient outcomes • Research office and research delivery team has limited capacity due to staff departures with limits placed on starting new Portfolio research and CNR infrastructure budget maintained to recruit new staff as mitigating actions.

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Trust Board January 2023
Leicestershire Partnership & Northamptonshire Healthcare Group
Chairs' Joint Highlight Report

Purpose of the report

- This joint report from the LPT Committee in Common and NHFT Committee in Common Chairs provides assurance on the progress of the Group model, strategic priorities, governance framework and other work streams for LPT Trust Board and NHFT Trust Boards in January 2023.

Analysis of the issue

- A second Board-to-Board workshop is planned to take place later this month, which will consider Together Against Racism and the Group's strategic priorities for the coming year.
- The Committees received an update on work to explore options for improving value in healthcare within both Trusts.
- The merits of pursuing University Hospital status for the Group were debated and it was agreed to consider this and the potential for an innovation fund as part of a multi-year business plan.
- Following the success of one-off events during the COVID-19 pandemic, the Committees endorsed the development of a broader programme of quality improvement round tables
- The Committees reflected on the benefits of partnership working over the last year noting the examples set out in a highlight report.

Proposal

- This LPT-NHFT Committees in Common Highlight report (Appendix A) from the Joint Working Group meeting is offered to each Trust Board to reflect the achievements and direction of travel for the Group model.

Decision required

- The Board is asked to approve the Highlight report summary from the LPT Committee in Common and NHFT Committee in Common Chairs as an accurate account of status.

LPT Trust Governance Table

For Board and Board Committees:	LPT-NHFT Committees in Common	
Paper sponsored by:	LPT Trust Chair, Cathy Ellis, NHFT Trust Chair, Crishni Waring	
Paper authored by:	Louise Salmon, Trust Board and Committee Secretary	
Date submitted:	23 January 2023	
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):	LPT-NHFT CiC JWG 10 January 2023	
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	Next update to Trust Board March 2023	
STEP up to GREAT strategic alignment*:	High **S**tandards	x
	Transformation	x
	Environments	x
	Patient Involvement	
	Well **G**overned	X
	Reaching Out	
	Equality, Leadership, Culture	X
	Access to Services	
	Trustwide Quality Improvement	X
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 identified	
Positive confirmation that the content does not risk the safety of patients or the public	None identified	
Equality considerations:	Outcome will apply equally to all staff in LPT	

NHFT Trust Governance Table

For Board and Board Committees:	LPT-NHFT Committees in Common	
Paper sponsored by:	LPT Trust Chair, Cathy Ellis, NHFT Trust Chair, Crishni Waring	
Paper authored by:	Louise Salmon, Trust Board and Committee Secretary	
Date submitted:	23 January 2023	
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):	LPT-NHFT CiC JWG 10 January 2023	
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	Next update to Trust Board March 2023	
DIGB Q strategic alignment*:	Develop	✓
	Innovate	✓
	Grow	✓
	Build	✓
	Quality	✓
Organisational Risk Register considerations:	List risk number and title of risk	
Is the decision required consistent with NHFT's risk appetite:	yes	
False and misleading information (FOMI) considerations:	None identified	
Equality considerations:	Outcome will apply equally to all staff in NHFT	

Version 1.0

Appendix A

LPT-NHFT Committees in Common (CiC) Joint Working Group (JWG) HIGHLIGHT REPORT 10 January 2023

Purpose of Report

The LPT Committee in Common and NHFT Committee in Common (CiC) Terms of Reference hold each CiC accountable to their respective Trust Board.

This Highlight report aims to provide each Trust Board with assurance on the delivery of the Group model and the Group Strategic Priorities and any other the business of the Leicestershire Partnership and Northamptonshire Healthcare Group:

Leicestershire Partnership and Northamptonshire Healthcare Group - Strategic Priorities	
1. Leadership and Organisational Development 2. Talent Management 3. Together Against Racism 4. Joint Governance	5. Strategic Financial Leadership 6. Strategic Estates 7. Quality Improvement 8. Research & Innovation

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
Pre-approval	Grey – there is a draft plan in development and actions agreed to ready it for approval to proceed
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
1. Delivering our Strategic Framework	Medium	The Committees in Common received an update on work undertaken to demonstrating the joint working between the two Trusts within the Group Strategic Priority. A further update on the strategic framework would be provided to the next meeting of the Committees.	
2. Together Against Racism (TAR)	High	The Committees were briefed on progress with the TAR work plan and considered the outcomes of the recent joint board development workshop in November 2022. A follow-up workshop is scheduled for the two Boards in January 2023. Additional actions were agreed in relation to the following themes: delivering equality in recruitment, addressing racist abuse from patients, addressing health inequalities, and improving the experience of work.	
3. Innovation and Research	Medium	The Committees considered how the Trusts could benefit from potential accreditations, strengthen the	

Report	Assurance level	Committee escalation	ORR Risk Reference
		governance of innovation and research, and develop the infrastructure to support additional research (e.g., scanning capacity). The merits of instituting an innovation fund were debated and it was agreed that a multi-year business plan would be prepared for consideration at a future meeting.	
4. Value in healthcare – opportunities for the Group	Medium	The Committees considered the merits of a joint approach to value programmes across the Group noting work currently underway separately within each Trust. It was agreed that options would be explored and considered at a future Committee meeting.	
5. Quality Improvement – development of Trust 'round tables'	Medium	Considering the success of a 'round table' event facilitated earlier in the COVID-19 pandemic, the Committees in Common were keen to explore how this approach could be utilised for other quality improvement initiatives across the Group. Further co-production led by Deputy CEOs would be required over the coming months to develop a proposal that could be approved at a future meeting.	N/A
6. Social value – reaching out and developing in partnership	Medium	The Committees considered the social value framework noting the three key aspects that Trusts need to consider, the proposed priorities and timeline. Mapping is currently taking place across the two organisations to confirm what would be delivered within each organisation and what would be pursued at Group level. Supporting the proposed approach, the Committees agreed to receive the draft plan for consideration at the next meeting.	N/A
7. Contribution of the Group framework to individual Trust organisational risks	High	The Committee considered the work undertaken to align risks within each Trust and the Group strategic priorities. It was agreed that existing risk management processes would be used to manage risks to the strategic priorities. This would be a regular item on the Committee's agenda.	N/A
8. Reviewing benefits from 2022/23 and developing a group strategic framework for 2023/24	High	Examples of partnership work undertaken by the Group over the last year were considered together with opportunities for the coming year. Partnership would continue to be a key priority for the Group. Examples of work undertaken to date would be shared with both Trust Boards (see appendix B).	N/A

Appendix B

LPT- NHFT Committees in Common – 10 January 2023

A Review of our service development and corporate joint work across the Group and benefits

Purpose of the report

- This report reviews examples of the principles of our partnership work and examples taking place across the Group.

Analysis of the issue

Our work together within the Group model.

- The Group is mandated by each Trust Board to deliver a formal programme of eight strategic priorities, now in its second year of delivery. Our formal, strategic portfolio is only one part of the Group model of working, and an important body of joint work continues alongside these formal workstreams and earlier buddy relationship.

Defining what partnership working means and looks like within our Group.

- Working in partnership across our two Trusts brings people together who are facing the same challenges or opportunities, but who have a different context, culture, and environment. Collaboration between NHFT and LPT colleagues allows for learning across the network. The aspiration is to make a safe, open space for professionals to share and learn together, and work on enhancing service pathways, models, corporate functions and more.
- Colleagues have identified the following principles of what partnership working across both Trusts means to them and success factors:

    - Be authentic about your drive to collaborate and adopt an open communication style.
    - Explore and be curious about each organisation's different approaches to things.
    - Embrace it– new ways of working can feel daunting but throwing yourself into the process is the best way to get the most positive outcome.
    - Make a genuine human connection with your colleagues and you'll get genuine results and positive outcomes.
    - Knowing how we work internally, who owns work and how things run within our organisations is of utmost importance - this clear overall view of the map will make way for greater understanding and efficiency.
    - Identify projects to work on and focus on them in detail.

- Pay attention to the way you make people feel – are you present, listening, attentive, showing empathy? Do you act after a conversation?
- Think about a system-wide approach that works within each trust, whilst recognising that each is different with some shared challenges.

Benefits

- Partnership working can elevate the learning and experience of all.
- The Group model creates a wider network for members to access and learn at accelerated pace together.
- There is also a greater mix of different ideas and innovation, and members through partnership approaches.
- We can share new ways of working with one another to achieve the best results, as well as learn from each other's challenges along the way.
- Partnering across our Group allows us to access a larger pool of thoughts and ideas and ways of working which will ultimately help lead us to the best outcomes.
- Diagram 1 brings together common themes from the examples highlighted in this report:

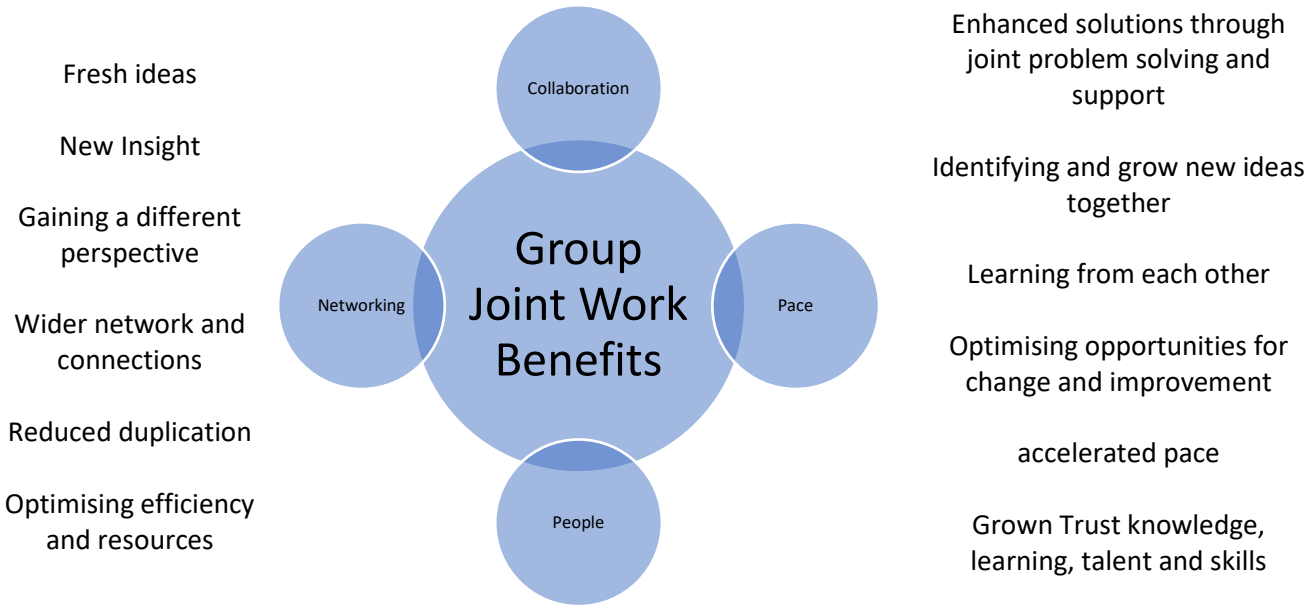

Diagram 1

Examples of our partnership work taking place across the Group

0-19 Services

- LPT and NHFT 0-19 teams have been building a stronger connection with each other across our Trusts. Some examples of their other joint work together have included:
- Nationally a new School Nurse model is being deployed across 0-19 pathways and during 2021, LPT and NHFT services began supporting each other on how each Trust develops its own version of the national model. LPT were an early adopter and shared their learning with NHFT colleagues. This helped shape and accelerate the NHFT approach for Northamptonshire. Since then, NHFT went on to trial the new model in Wellingborough and evaluated it. Plans are

in place to review the model again in 2023 to explore how the outcome of the evaluation can be used to respond to the staff and staff side feedback received.

- Colleagues from LPT 0-19 joined NHFT training sessions during the past year and this was very positive and from a service leadership perspective. Services have been meeting regularly to share learning and tackle common service challenges together.
- For example, during 2022, for the first time both Trusts' 0-19 teams took a joint approach to recruiting and training new health visitors and school nurses, with the LPT students being trained at University of Northampton for the first time. NHFT has also led a teaching session for all the students across both counties about how commissioning of 0-19 services works.
- Other examples of continued joint work together this year have included reviewing our HV Blood spot testing pathway. Both Trusts have explored the pathway to share good practice.
- A comparison review of our immunisation training packages was also undertaken and NHFT has now adopted the online approach used by LPT and moved to an online training approach as a result.
- There is a strong appetite to create more time to develop ways of working between LPT and NHFT in future.

Children's Eating Disorders Services

- LPT and NHFT Children's Eating Disorders services have continued working with each other throughout the year on workforce, keeping people safe and pathway domains, which include detailed action plans agreed at last year's CEDS summit, which was co-hosted by both Trusts' Deputy Chief Executives.
- **Headline progress on workforce alignment:** Consideration of our different staffing models and any opportunities for shared recruitment have moved forward. Both Trusts have begun to explore joint apprenticeships, the case for a new clinical associate psychologist role, peer support roles and physician associate roles have also been explored. Further work on a joint or shared staff training programme is scheduled for early 2023/24.
- **Keeping People Safe:** From their work together, both Trusts now have evolved their Home Intervention Team approach and looking at how the LPT Duty model might work within NHFT.
- **Pathways:** Development of the ARFID eating disorder pathway has progressed well, with LPT now having an ARFID pathway in place, based on the organisational learning from the NHFT ARFID Pathway. Both Trusts are also exploring shared best practice in their ASD/ADHD pathways and working jointly on outcome measures.

Leadership & Organisational Development

- Both Trust OD functions have been partnering on a range of initiatives. During 2022 they looked for ways to shape our culture based on our values and behaviours together. While these are different for each organisation, there are similarities and learning from these is so powerful. This has created a unique and effective way of working that focuses on authenticity and compassion – which is at the heart of what we want to deliver in Organisational Development.
- Developing talent management approaches within the Group is a core piece of work supporting individuals to get to where their ambitions take them. In each Trust we have our own approach to talent management, which is about encouraging staff development and careers. By

developing the Group approach, we have been able to share learning and insight to better develop Talent Management. We consider not only the local integrated care system we are working to develop a system wide approach at Group level to enhance support for individual members to achieve their goals.

- Another area we are working on together is looking for ways in which individual members can broaden their experience across the Group. A good example of this is the career conversation we had with a member of staff from one trust who was looking to explore where they could go within the field of hospice care. We thought a mentor could support them in this and we connected them to a staff member from the other trust to help them grow and pursue their aspiration. Connecting people across the Group offers a broader support and colleague network that reaches beyond the limits of a single organisation.

Procurement

- Our Procurement leaders have been working together for some time at a regional level with NHS Supply Chain and since forming the Group model, have developed a closer working relationship between our two Trusts.
- Sustainability is an agreed priority area of joint focus to be explored from a procurement perspective and help both Trusts achieve net zero targets.
- Our current procurement contract portfolios have been exchanged, noting this collaboration will take some further work to make sure there is alignment with ICSs procurement plans in LLR and in Northamptonshire. As such, Procurement are not actually working on any combined Trust contracts, however our teams do reach out to each other with procurement related queries. Joint Procurement work is currently more focussed on a system wide approach. For example, NHFT has more heavily engaged with its acute hospital partners and colleagues at KGH/NGH with regards to our countywide contracts and also with regards to Integrated Care Board, with our workplans are now on a shared portal

New Joint Roles - Patient Safety

- Earlier this year, James Mullins was appointed to a newly created Group role, Assistant Director of Patient Safety and Patient Experience.
- This new role will have responsibility to ensure that both NHFT and LPT transform the way we manage patient safety across both organisations, aligning directly to Quality Improvement initiatives to help drive safer care and treatment for our patients and the public.
- Working jointly across both organisations will enable James to work in an agile way to ensure responses to patient safety risk are managed efficiently and promptly.

Proposal

It is recommended we continue to explore approaches for identifying new opportunities for joint working, ways of connecting people across our Trusts and capturing the outputs of this type of collaboration.

Decision required

The LPT and NHFT Committees in Common are asked to support the proposal.

Governance tables - LPT

For Board and Board Committees:	LPT-NHFT Committees in Common	
Paper sponsored by:	Alison Gilmour	
Paper authored by:	Amanda Johnston	
Date submitted:	21 December 2022	
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):	JWG 21st November 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	
STEP up to GREAT strategic alignment*:	High **S**tandards	x
	Transformation	x
	Environments	x
	Patient Involvement	
	Well **G**overned	X
	Reaching Out	
	Equality, Leadership, Culture	X
	Access to Services	
	Trust-wide Quality Improvement	X
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 identified	
Positive confirmation that the content does not risk the safety of patients or the public	None identified	
Equality considerations:	Outcome will apply equally to all staff in LPT	

NHFT

For Board and Board Committees:	LPT-NHFT Committees in Common	
Paper sponsored by:	Alison Gilmour	
Paper authored by:	Amanda Johnston	
Date submitted:	21 December 2022	
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):	JWG 21st November 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	
DIGB Q strategic alignment*:	**D**evelop	✓
	Innovate	✓
	Grow	✓
	Build	✓
	Quality	✓
Organisational Risk Register considerations:	List risk number and title of risk	
Is the decision required consistent with NHFT's risk appetite:	yes	
False and misleading information (FOMI) considerations:	None identified	
Equality considerations:	Outcome will apply equally to all staff in NHFT	

Version 1.0

Leicestershire Partnership NHS Trust

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QAC – 20th December 2022 09.00-11.30 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 Nursing, AHPs and Quality – verbal escalations	NA	System work is underway with a Quality Summit held to understand barriers to patient flow as part of winter preparedness. A pilot of new hand-held electronic devices will be evaluated in the new year. Further to positive legionella results at a community hospital in October, which were low risk occurrences with immediate action taken, there is now a long term plan to respond to any future outbreaks. Final report of a joint Special Educational Needs and Disabilities (SEND) inspection is awaited, early feedback suggests no specific areas of concern. There are emerging capacity risks for managing the Liberty Protection Safeguards implementation and around suicide and self-harm work programme. An update on potential funding support will come to next QAC.	
Quality Forum Highlight Report 10th November 2022 – Paper C	MEDIUM	Following several medicines management issues, a review is being undertaken by the Head of Pharmacy and will be reported via the next highlight report. A focussed discussion on Serious Incidents will be scheduled for QAC in April along with a proposed Board Development session on the new National Patient Safety and Incident Reporting Framework. Work has begun on function of the Patient Safety Team and alignment of sign-off processes.	59
Safeguarding Committee Highlight	MEDIUM	Learning and Development Team are acting on levels of Safeguarding	61, 84

Agenda Item:	Assurance level:	Committee escalation:	ORR Risk Reference:
Report 12th October 2022 – Paper D		training. Capacity in the Safeguarding team is being closely monitored with recruitment to 3 senior roles taking place in January. There was assurance provided around the actions from the Joint Agency Targeted Inspection.	
Medical Director – verbal escalations	NA	Concerns remain around the heavy reliance on locums to support vacancies in the consultant workforce, of particular concern in December when some locums opt not to work or work less shifts. Consultants who have left LPT in the past year have either moved abroad or to work for private providers. Work is ongoing to make employment opportunities for new registrars more attractive.	
Mental Health Act Governance Delivery Group Highlight Report 16th November 2022 – Paper E	MEDIUM	Themes from CQC Mental Health Act (MHA) Inspections were noted and are being acted upon. Regional funding for MHA training will become available shortly but legislative changes are not expected for at least another 12 months. An upward trajectory for current MHA training compliance was noted, although performance in different areas was variable. Detailed scrutiny in Directorate of Mental Health was noted. SystmOne issues for Section 17 leave are still unresolved, MHA Office continues to work with IT team to address this and will report back to QAC.	61
Quality Network for Learning Disability Update on Benchmarking and Service Development – Paper F	HIGH	Work continues against 2 national standards for Learning Disability services, which provides an opportunity for sustained improvements and benchmarking. QAC was assured by the progress detailed in the report.	
CQC Action Plan Assurance Report – Paper G	HIGH	All actions remain on track for completion. A new self-assessment tool for CQC readiness has been piloted with positive feedback.	
Performance Report (Month 8) – Quality and Workforce Measures	MEDIUM	The vacancy rate was corrected from the report and stands at 12.9%. Actions to address this are covered in the Workforce Plan. Sickness levels are	84

Agenda Item:	Assurance level:	Committee escalation:	ORR Risk Reference:
– Paper H		typical for this period but remains a focus in directorates. CQUIN achievement is on target with narrative provided for assurance.	
Pressure Ulcer Quality Improvement Progress Report – Paper I	MEDIUM	Report detailed levels of Pressure Ulcers since March 2022 and progress on actions, focussing on prevention, identification, and treatment. There is increased and targeted Tissue Viability Nurse support in community hubs. Despite significant work across services and a robust trust-wide focus, trajectories are unlikely to be met. However, a decrease in vacancies and increase in training should have a positive impact going forward. A joint strategic group with Northamptonshire Healthcare Foundation Trust will meet in January to develop a programme of learning and updates will be received via the Quality Forum.	61, 84
Safeguarding Quarter 2 Report – Paper J	MEDIUM	Local authority funding will be available for posts to support health cover at strategy meetings, following Teen Health service changes in the county. Contacts for Safeguarding advice continue to rise while a Safeguarding Supervision Strategy is being developed. Details of risks under the remit of the Safeguarding team and mitigations were provided in the report. Assurance was given that the Quality Improvement Plan would be completed on schedule.	84
Quality & Safety Review – Paper K	HIGH	QAC received a highly detailed report on in-patient MH and LD services, as requested by the National Director of Mental Health. Methodology used multiple sources of information and included patient and carer lived experiences. Review demonstrates LPT commitment to ensuring closed cultures do not develop, with systems and processes in place to mitigate risks. Recommendations from the review will be sited in appropriate areas of the Trust. Summary slides are to be published on the LPT website. QAC	88

Agenda Item:	Assurance level:	Committee escalation:	ORR Risk Reference:
		supported the proposals in the report acknowledging that there may be an additional resource requirement.	
Review of Learning from Independent Investigation into East Kent Maternity and Neonatal Services – Paper L	HIGH	The findings of the report have been reviewed in line with other external reports e.g. Ockenden Review. Transferrable learning for LPT has been identified in light of the new patient safety strategy. QAC supported recommendations to develop a local implementation improvement plan.	88
Ligature Risks Quarter 2 Report – Paper M	HIGH	There is an ongoing review of the NICE guidance, in relation to number of fixed ligature points and non-fixed ligature incidents. This will form part of Quality Account actions to ensure targets are met. QAC was assured by these actions and the management of ligature risks.	
Director of HR - verbal escalations	NA	It was advised that the planned industrial action by East Midlands Ambulance Service presented a significant workforce challenge.	
Datasets to Support the Workforce Plan – Paper N	HIGH	A comprehensive update was presented on the datasets used to monitor performance against the Trust Wide Workforce, Recruitment and Agency Plan. Although the challenge of nurse recruitment remains, there is evidence of traction being made in relation to agency reduction with specific action plans in the Directorate of Mental Health. In relation to early retirements in the medical workforce, LPT is part of an NHSE programme to retain consultants. In all roles there is work underway around flexible working opportunities and stay conversations. The datasets are appropriate to track progress against all aspects of the plan.	61, 84, 86
Strategic Workforce Committee Highlight Report 22nd November 2022 – Paper O	HIGH	The mandatory Oliver McGowan e-learning, in relation to caring for persons with learning disabilities and autistic children and adults, has been launched. LPT's has a 51% completion of the National Staff Survey and results will be	61, 74

Agenda Item:	Assurance level:	Committee escalation:	ORR Risk Reference:
		released in March 2023. Uptake of flu vaccinations by staff is at 51% which is an improvement on last year.	
Guardian for Safe Working Hours Quarter 2 and Quarter 3 Reports – Paper P	HIGH	Over this period there were only 2 exception reports for minor breaches and appropriate actions taken.	
Organisational Risk Register – Paper Q	MEDIUM	QAC approved a reduction in the risk score for Risk 73 and rewording of Risk 74. QAC asked that Risk 61 be kept open pending a full review. This was due to recent move back to face to face training and challenged compliance levels in mandatory training by temporary staff.	
Health & Safety Committee Highlight Report 3rd November 2022 – Paper R	HIGH	Some areas of medium assurance were reported but have actions in place to address.	
Internal Audit Reports – Paper S	MEDIUM	QAC considered the limited assurance outcome from the Violence and Aggression Incidents Audit report and asked that the Health and Safety Committee monitor actions and escalate any concerns via the highlight report.	59, 84
Paper/Updates not received in line with the workplan	NA	• Research & Development Quarter 2 and Quarter 3 to come to February meeting • Policy Report to come to February meeting • Freedom to Speak Up 6 Monthly Report to come to February meeting	

Chair of Committee:	Moira Ingham, Non-Executive Director

Leicestershire Partnership NHS Trust

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Trust Board – 31st January 2023 Care Quality Commission Update

Purpose of the report

This report provides assurance on our compliance with the CQC fundamental standards and an overview of current inspection activities. The Trust continues to prioritise quality improvement, patient care and compliance with the Care Quality Commission (CQC) fundamental standards in all care delivery.

Analysis of the issue

CQC Inspection Activity

The CQC will continue to prioritise inspections based on services where there is evidence of risk or harm to patients. Alongside the inspections carried out on risk-based activity, they will also undertake ongoing monitoring of services offering support to providers to ensure that patients receive safe care. Key inspection activity within LPT relates to:

1. Sustaining the May/June/July 2021 and February 2022 improvement action plans.
2. Participation in CQC Mental Health Act inspections.
3. Participation in external quality service reviews and commissioner inspections

Scrutiny and Governance

The continued governance arrangements for the CQC assurance action plan are detailed below:

- Ongoing monthly meetings with key nominated leads from the directorates and the Quality Compliance and Regulation team, to update evidence of embeddedness and sustained governance and oversight.
- Progress is reported monthly to the Executive Management Board meetings for oversight and scrutiny.

Action Plan Summary

All ‘must do’ and ‘should do’ actions from the May/June/July 2021 and February 2022 inspections have been completed. Trust wide learning from the inspection is shared through various forums and communications bulletins.

Mental Health Act Inspections

To date, this year, there have been ten Mental Health Act inspections carried out on various wards across the Bradgate Mental Health Unit, our Rehabilitation and Older Persons Mental Health Wards.

The trust has now received all reports for the inspections and wards have individual action plans to address areas of concern. Themes and commonalities from the reports have been shared at the Foundations for Great Patient Care meeting and Service Ward Sister / Charge Nurse meetings to focus the learning from the inspection findings.

IMPACT visit to Phoenix Ward

A scheduled annual quality service review was carried out on the 12th October 2022 on Phoenix ward by the Provider Collaborative IMPACT. The findings were extremely positive with no immediate actions required and numerous areas of positive feedback given. Phoenix ward has developed and submitted an action plan to address the areas requiring improvement.

Special Educational Needs and/or Disabilities inspection

The Trust participated in a special educational need and/or disabilities (SEND) re-inspection by Ofsted and the CQC between the 14th – 16th November 2022. The inspection covered the Leicestershire area and focused on the two previous written statement of actions namely, joint commissioning and the quality of Education, Health and Care (EHC) Plans.

The inspection found significant improvement in having a clearly defined joint commissioning strategy for 0-25 SEND provision and strengthened working relationships. The inspection concluded that even though improvement was recognized, there had been insufficient progress in the quality of the education, health, and care plans. It did however note the improved processes within health specifically. Leicestershire Partnership NHS Trust will continue to work closely with our system partners to continue to progress this work.

External Quality Network for Older Adults Mental Health Service (QNOAMHS) Visit to Kirby Ward

A QNOAMHS inspection was carried out on Kirby ward on the 23rd November 2022. Additional information is required to be submitted, following which the trust will receive the final report.

Model For Quality Visits

A proposed model to ensure all services, both inpatient and community, participate in a pre-inspection exercise has been successfully trialled. The new model is to ensure that there is a sustained business-as-usual approach to preparing services for CQC, Mental Health Act and ad hoc inspections. This approach aims to support staff to feel more confident about the quality improvement work being undertaken across the Trust and within their service and feel proud and confident to describe this well to CQC inspectors.

Following a quality visit from the Quality Compliance and Regulation team, a small huddle is arranged to facilitate discussion relating to the findings of the visit focusing on areas of achievement and targeted areas identified as requiring improvement.

Valuing High Standards Accreditation (VHSA) – Self Assessment

The newly designed self-assessment tool which forms part of the VHSA approach is to be launched in January 2023 with Families, Young People and Childrens Services and Learning Disabilities Services being the first to use the tool in a trust wide programme.

Through self-assessment it is anticipated that staff will have a greater understanding of where their evidence and hard work sits within the trusts STEP up to GREAT ambitions and will be able to articulate their achievements internally, with partners or regulators.

It is planned that service users, patients and carers will partner with us, creating more opportunities for collaborative work and towards lived experience leadership of the programme.

Potential Risks - None

Decision required - For information

Governance table

For Board and Board Committees:	Public Trust Board 31st January 2023	
Paper sponsored by:	Anne Scott, Executive Director of Nursing, AHP's and Quality	
Paper authored by:	Jane Gourley Head of Quality, Compliance and Regulation	
Date submitted:	9th January 2023	
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	Monthly reports to Board	
STEP up to GREAT strategic alignment*:	High **S**tandards	Yes
	Transformation	Yes
	Environments	Yes
	Patient Involvement	Yes
	Well **G**overned	Yes
	Reaching Out	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	N/A
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:	Yes	

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Leicestershire Partnership NHS Trust

Public Trust Board – 31 January 2023

Safe Staffing – October 2022

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of October 2022, including a summary/update of new staffing areas to note, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained. This report triangulates workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSI's) and patient experience feedback. (Annex 1 contains in-patient scorecard).

Analysis of the issue

Right Staff

- Temporary worker utilisation rate increased this month; 0.6% reported at 43.95% overall and Trust wide agency usage slightly increased this month by 0.61% to 21.06% overall.
- In October 2022; 30 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 93.75% of our inpatient Wards and Units, changes from last month include Stewart House
- Senior nursing review to triangulate metrics and identify areas where there is high percentage of temporary worker/agency utilisation or concerns directly relating to; increased acuity, high caseloads of high-risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.
- The table below identifies the key areas to note from a safe staffing, quality, safety and experience review:

Area	Situation	Actions/Mitigations	Risk rating
CHS in Patients	Beechwood, Clarendon, St Luke's ward 1 and Rutland - above 30% temporary workforce due to vacancies, enhanced observations, increased patient levels of acuity requiring additional HCA support. Clarendon Ward – reduced fill rates for RNs on days, planned staffing is for 3 RN's and 2 RNs were achieved maintaining a minimum level of RNs. A review of the Nurse Sensitive Indicators (NSIs) has identified a decrease in the number of falls incidents from thirty-five in September to twenty-six in October. Ward areas to note are Ellistown and Rutland (Charnwood) Ward. The number of medication incidents remains at fourteen this month The number of category 2 pressure ulcers developed in our care has increased to ten.	Daily staffing reviews, staff movement to ensure substantive RN cover, e-rostering reviewed and further evaluation of CHPPD. Review of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes. Recruitment ongoing and establishment reviews completed. The community hospitals matron lead for falls is working with the Health and Safety lead for falls focusing on use of Flat Lifting equipment training roll out to promote best practice in transferring patients from the floor post fall to avoid harm associated with 'long lying' whilst waiting for ambulances The matron lead for pressure ulcer prevention is working with the Tissue Viability Nurse Specialist team to improve education and training for both staff and patients around pressure ulcers prevention and as such leaflets and posters have been shared with all wards. This is being monitored through the directorate pressure ulcer prevention working group. .	
DMH In patient	High percentage of temporary workforce on all wards, key areas to note Ashby, Griffin, Watermead, Mill Lodge & Willows due to high acuity, patient complexity and increased therapeutic observations. Thornton - reduced fill rates for RNs on days, planned staffing is for 3 RNs and 2 RNs achieved. Phoenix - reduced fill rate for RNs on nights. MHSOP wards - no change to key area's noted -Kirby, Welford Coleman, and Gwendolen. A review of the NSI's has identified a decrease in the number of falls incidents from forty -eight in September to forty-six in October 2022. The number of medication incidents decreased to twelve this month	Staffing is risk assessed daily across all DMH and MHSOP wards and staff moved to support safe staffing levels, skill mix and patient needs. Staff movement not always reflected on e-roster impacting accuracy of fill rate data. Review of increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes. Recruitment ongoing and establishment review completed. Medication Administration Technicians and Nurse Associates are not reflected in the fill rates hence rates not achieved, RN to Patient ratio is 1:12/1:10 as per staffing model. Falls huddles in place and physiotherapy reviews for patients with sustained falls and increased risk of falling. Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.	
FYPCLD In-patients	No change to key areas noted- Beacon, Agnes, and Langley wards 1 serious incident review correlating with staffing on Langley ward relating to mental health observations A review of the NSIs has identified an increase from two falls in October from 1 fall in September and an increase to six medication incidents in October from one in September 2022.	Mitigation remains in place- potential risks being closely monitored. Establishment Review completed in September 2022. Action plan in place for all staff including bank and agency improving mental health observations Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.	
CHS Community	No change to key areas noted - City East, City West, East Central and Hinckley Hubs with Overall OPEL rating at level 3/ level 3 actions due to	Daily review of all non-essential activities per Level 3 OPEL actions. Reprioritised patient assessments. Pressure ulcer and community nursing quality improvement and transformational plans continue.	

	increased patient acuity with increased caseloads, high vacancy levels and absence. Essential visits maintained.		
DMH Community	Services continue with High RN vacancies in the Crisis Mental Health team, City Central, Melton, and Charnwood CMHT.	Mitigation remains in place, potential risks closely monitored within Directorate. Quality Summit in November 2022.	
FYPC.LD Community	No change to key area's previously noted - LD Community rated red and no change to Healthy Together, Psychology, Therapy, Diana and Looked After Children.	Mitigation remains in place with potential risks being closely monitored within Directorate.	

Measures to monitor the impact of staffing on quality

National Quality Board guidance suggests drawing on measures of quality alongside care hours per patient day (CHPPD) to understand how staffing may affect the quality of care. Suggested indicators include patient and staff feedback, completion of key clinical processes – NEWS, observations, VTE risk assessments, medication omissions, patient harms including pressure ulcer prevalence and in-patient falls and learning from patient safety investigations and serious incidents.

Triangulation of complaints and nurse sensitive indicators with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patients. We are starting to see correlation of impact of staffing skill mix and competencies as a contributory factor in some serious incident and incident reviews. The key high level themes are linked to deteriorating patient and NEWS escalation, mental health observations and pressure ulcer risk assessment and prevention, there are specific Trust groups working on improvement plans and new group collaboratives established with NHFT led by our group director for patient safety and deputy directors of nursing and quality specific to these three areas.

Staffing and safety and incident reviews have identified that as workload, acuity and dependency increases with mitigating actions such as re-prioritisation of visits, step down of non-clinical activities, review of training, movement of staff and increased reliance on agency workers there is an impact on role essential training, equipment training such as use of Flat Lift equipment, timeliness of care plan and risk assessment updates and challenges with clinical continuity and oversight of standards. Senior clinicians and leaders are working every day to minimise and mitigate these risks however it is important to note this reality in practice and impact to patient and staff experience,

Right Skills

Staff Group	Appraisal	Clinical Supervision	Core Mandatory Training	Data Security Awareness IG	Basic Life Support	Immediate Life Support
All Substantive	81.8%	78.9%	All compliance subjects green	93.1%	84.8%	81.0%
Bank					63.9%	61.3%

Compliance with face-to-face mandatory training is reported through the Training Education Development and Strategic Workforce Committee.

In response to the emerging correlation between staff skills and competencies and incidences as a contributory factor and focused patient safety collaboratives for deteriorating patient, mental health observations and pressure ulcer prevention, clinical teams and services have worked with block booked agency workers to provide role

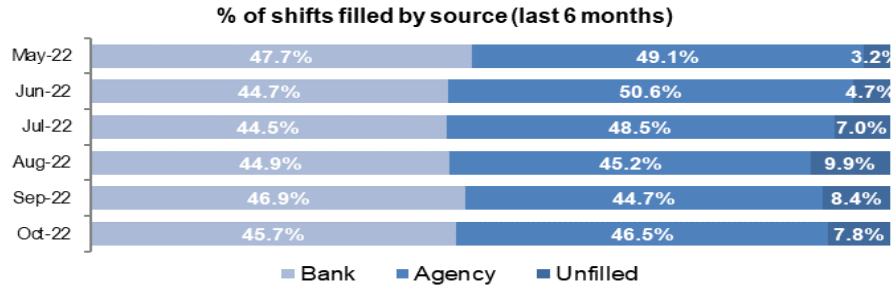
essential/specific training for staff working in CRISIS and urgent mental health care teams and community nursing.

Train the trainer Flat Lift equipment training has been rolled out by the Trust Manual Handling Lead with a focus on staff working in Community Hospitals and MHSOP wards, further work to include regular agency workers to be trained.

Right Place

- Fill rates above and below 100% for actual HCSWs predominantly on days reflect adjusted staffing levels and skill mix to meet patient care needs.

Table 1 - Temporary Workforce



Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated at 11.3 CHPPD (national average 10.8) a decrease of 0.1 from September 2022, with a range between 5.0 (Stewart House) and 65.6 (Agnes Unit) CHPPD. CHPPD is calculated by the total actual staffing hours divided by the total occupied bed days (OBDs). 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. Table 2 reflects the variation in directorate and table 3 illustrates the proportion of staff absent due to sickness absence.

Table2 CHPPD by Directorate (previous 12 months)

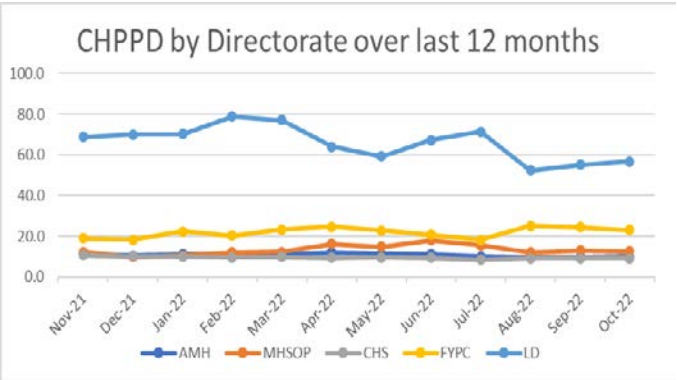


Table 3 – including CHPPD, RN Vacancies, Sickness

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	Sickness %	HR Updates
CHS	9.1	156.4	24.8% ↓0.3%	5.40%	Establishment decreased by 3.5wte. Staff in post decreased by 0.8wte. Total change in vacancies = reduction of 2.7wte
DMH Inc MHSOP	10 12.5	159.9	22.7% ↓0.4%	6.00%	Establishment decreased by 3.6wte. Staff in post increased by 0.3wte. Total change in vacancies = reduction of 3.9wte
FYPC LD	23.2 56.8	92.9	17.2% ↓6.4%	5.20%	Establishment decreased by 31.2wte. Staff in post decreased by 6wte. Total change in vacancies = decrease of 25.2wte

The RN vacancy position remains at 412.8 Whole Time Equivalent (WTE) with a 21.5% vacancy rate. The change in vacancy WTE is impacted by changes to the establishment, staff in post/recruitment/turnover as described in the Human Resource updates above. Turnover for Band 5 and 6 nurses is at 10.0%**, (**includes all reasons for leaving **-** voluntary leavers**,** retirements, dismissals etc). This is in line with the trusts target of 10%. Progress continues by participating in the People Promise Exemplar scheme with a dedicated People Promise Manager who is focusing on retention and working with system/regional/national teams to review existing retention approaches and develop further activity**.** As part of our Agency Reduction plan, we aim to reduce registered nurse turnover by 0.5%. Sickness and absence give an indication of staffing pressure within each directorate.

Recruitment Pipeline -

Throughout October 2022 we continue to grow and develop our nursing workforce. A total of 51.57 WTE nursing staff (bands 5 to 8a) were appointed. In addition to local recruitment activity a number of staff are in the pipeline and due to commence in post over a 3-month period.

Health and Well Being

The Health and Well-being of all our staff remain a key priority. The trust continues to support staff mental and physical health through referrals, signposting, communications, health and wellbeing champions and access to available resources.

Proposal

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in October 2022 it is anticipated that staffing challenges continue to increase. There is emerging evidence that current controls and business continuity plans are not fully mitigating the impact to the quality and safety of patient care across all services, at all times hence high temporary workforce utilisation to maintain safety.

Whilst there has been no evidence through the in-patient monthly triangulated review of Nurse Sensitive Indicators and quality metrics that staffing is a contributory factor to patient harm, we are starting to see correlation of impact of staffing skill mix and competencies as a contributory factor in some serious incident and incident reviews linked to deteriorating patient and mental health observations. There is a level of concern about pressure ulcer harm in community nursing and deferred visits, and potential for unknown risks and impact to outcomes and harm linked to reduced service offer/Health assessments in Healthy Together teams and Looked After Children services, 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 inpatient and community staffing levels and actions in place to try to mitigate the risk of impact to patient safety and care quality.

Annexe 1 October 2022

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	PU Category 2	PU Category 4	Staffing Related Incidents
			>=80%	>=80%	>=80%	>=80%	-	-	<20%									
Ashby	14	14	95.9%	301.2%	106.2%	300.2%			57.6%	14.0%	43.6%	13.5	2↑	2→	0→			
Beaumont	23	22	103.5%	321.5%	104.6%	254.0%			64.1%	26.2%	37.9%	8.0	1↑	0↓	0→			
Belvoir Unit	10	10	121.1%	197.2%	103.2%	220.7%			52.3%	30.6%	21.7%	16.9	0→	4↑	1↑			
Bosworth	13	14	118.7%	106.3%	107.0%	109.2%		100.0%	52.0%	22.5%	29.5%	8.6	0→	0↓	0→			
Heather	18	18	108.7%	155.8%	106.5%	117.8%			58.6%	34.1%	24.5%	6.5	2↑	5↑	0↓			
Thornton	12	12	68.9%	206.7%	104.8%	109.8%			27.7%	20.6%	7.1%	9.3	0→	0↓	0→			
Watermead	20	20	115.8%	226.4%	110.6%	177.9%			59.4%	24.7%	34.7%	7.7	3↑	1↑	0→			
Griffin - Herschel Prins	5	6	110.3%	205.6%	104.4%	467.5%			67.1%	34.2%	32.9%	30.9	1↓	0→	0→			
Phoenix - Herschel Prins	12	12	106.2%	142.4%	52.3%	168.3%		100.0%	39.3%	22.3%	16.9%	10.6	0→	0→	0→			
Skye Wing - Stewart House	27	30	107.2%	113.8%	105.6%	123.4%			29.7%	23.1%	6.6%	5.0	1→	4↑	0→			
Willows	11	9	190.1%	129.7%	141.1%	117.0%			65.2%	40.3%	25.0%	10.9	3↑	0↓	0→			
Mill Lodge	14	14	145.8%	123.3%	123.6%	157.9%			51.1%	40.1%	11.0%	13.8	0↓	2↓	0→			
Kirby	22	23	87.1%	135.3%	133.6%	206.0%	100.0%	100.0%	48.8%	22.9%	25.9%	8.7	1→	8→	0→			
Welford	16	17	76.0%	140.5%	157.8%	256.9%			49.8%	23.6%	26.1%	10.7	0→	4→	0→			
Coleman	15	20	50.4%	166.4%	153.4%	739.1%	100.0%	100.0%	72.5%	46.3%	26.2%	18.9	0↓	6↓	0→			
Gwendolen	17	19	90.6%	124.6%	133.2%	169.2%			46.4%	29.6%	16.8%	13.4	0↓	12↑	0→			
Beechwood Ward - BC03	21	23	85.1%	115.5%	97.3%	105.3%	100.0%	100.0%	36.0%	22.8%	13.2%	8.3	4↑	4↑	0→	0→	0→	
Clarendon Ward - CW01	18	21	77.2%	117.2%	106.5%	112.4%	100.0%	100.0%	30.3%	10.5%	19.8%	9.8	1↓	2↓	0→	0→	0→	
Dalgleish Ward - MMDW	15	17	105.0%	89.1%	101.3%	107.8%	100.0%	100.0%	23.0%	8.6%	14.4%	8.4	1↑	1↓	0→	0↓	0→	
Rutland Ward - RURW	18	17	87.9%	155.9%	100.1%	116.0%	100.0%	100.0%	35.5%	17.5%	18.0%	8.0	1→	4↑	0→	1↑	0→	
Ward 1 - SL1	17	21	92.3%	113.9%	100.1%	151.4%	100.0%	100.0%	31.7%	20.2%	11.5%	10.2	0→	2↓	0→	1→	0→	
Ward 3 - SL3	12	13	108.2%	90.2%	100.0%	95.6%	100.0%	100.0%	22.7%	12.4%	10.3%	9.6	1↓	0→	0→	0→	0→	
Ellistown Ward - CVEL	17	19	100.5%	105.7%	99.9%	101.4%	100.0%	100.0%	26.0%	7.0%	19.0%	8.3	1↑	3↓	0→	2↑	0→	
Snibston Ward - CVSN	15	19	82.3%	120.7%	100.0%	144.6%	100.0%	100.0%	26.2%	14.3%	11.9%	11.4	0↓	4→	0→	0→	0→	
East Ward - HSEW	20	23	102.3%	114.7%	104.7%	114.7%	100.0%	100.0%	22.2%	7.6%	14.7%	9.0	2↓	2↓	0→	1↓	0→	
North Ward - HSNW	17	19	117.2%	88.6%	103.2%	81.1%	100.0%	100.0%	19.5%	7.5%	11.9%	9.6	2↑	2↓	0→	4↑	0→	
Swithland Ward - LBSW	19	20	122.8%	93.9%	100.8%	144.6%	100.0%	100.0%	20.9%	7.8%	13.1%	8.6	1↑	2→	1↑	1→	0→	
Langley	11	15	89.0%	86.4%	131.6%	104.5%	100.0%		50.3%	37.1%	13.2%	18.1	3↑	0→	0→			1
CAMHS Beacon Ward - Inpatient Adolescent	7	7	82.6%	157.1%	155.5%	122.7%	100.0%		64.3%	26.6%	37.7%	31.4	1↑	1→	0→			
Agnes Unit	1	1	92.1%	82.7%	91.4%	116.5%			52.6%	19.8%	32.7%	65.6	1↑	0→	0→			
Gillivers	2	6	105.9%	78.7%	133.3%	81.6%			5.1%	5.1%	0.0%	37.5	1↑	0→	0→			
1 The Grange	1	4	-	94.7%	-	148.4%			25.3%	24.5%	0.8%	47.5	0→	1↑	0↓			

Governance table

For Board and Board Committees:		
Paper sponsored by:	Anne Scott Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Elaine Curtin Workforce and Safe staffing Matron Emma Wallis Deputy Director of Nursing and Quality	
Date submitted:	31.1.2023	
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 – 31 January 2023

Safe Staffing – November 2022

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of November 2022, including a summary/update of new staffing areas to note, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained. This report triangulates workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSI's) and patient experience feedback. (Annex 1 contains in-patient scorecard).

Analysis of the issue

Right Staff

- Temporary worker utilisation rate decreased this month; 1.63% reported at 42.32% overall and Trust wide agency usage slightly decreased this month by 0.9% to 20.16% overall.
- In November 2022; 29 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 90.62% of our inpatient Wards and Units, changes from last month include Gillivers and the Grange.
- Senior nursing review to triangulate metrics and identify areas where there is high percentage of temporary worker/agency utilisation or concerns directly relating to; increased acuity, high caseloads of high-risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.
- The table below identifies the key areas to note from a safe staffing, quality, safety, and experience review:

Area	Situation	Actions/Mitigations	Risk rating
CHS in Patients	High percentage of temporary workforce on ten out of eleven wards. Beechwood, Rutland, St Luke's ward 1 - above 30% temporary workforce due to vacancies, enhanced observations, increased patient levels of acuity requiring additional HCA support. A review of the NSIs has identified an increase in the number of falls incidents from twenty-six in October to twenty-nine in November 2022. Ward areas to note are Clarendon, St Luke's ward 1 and East ward. The number of medication incidents decreased to twelve this month The number of category 2 pressure ulcers developed in our care has decreased to six.	Daily staffing reviews, staff movement to ensure substantive RN cover, e-rostering reviewed. Review of increased incidences has not identified any direct correlation between number of staff on duty and impact to quality and safety of patient care/outcomes. A review of themes of investigations has identified an emerging correlation between staff skills, confidence, and competencies as a contributory factor for deteriorating patient, pressure ulcer prevention and falls. Clinical teams working with substantive staff, regular and block booked agency workers providing role essential/specific training for staff working on the wards. The community hospitals matron lead for falls is focusing on falls assessments education, care planning, footwear, and alternative equipment. Health and Safety team continue with flat lifting equipment training, ensuring safe transfer and maintaining dignity of patients following a fall. Flat lift training is monitored through service line governance forum. A QI focus on preventative management of pressure ulcers has commenced, led by the matron lead for pressure ulcer prevention. Progress continues with Tissue Viability Nurse Specialist team to improve education and training for both staff and patients on pressure ulcer prevention and leaflets/posters shared with all wards. Monitoring is through directorate pressure ulcer prevention working group.	
DMH **In patient**	High percentage of temporary workforce on all wards, key areas to note Ashby, Griffin, Watermead, Mill Lodge & Willows due to high acuity, patient complexity and increased therapeutic observations. Thornton -reduced fill rates for RNs on days, planned staffing is for 3 RNs and 2 RNs achieved. Phoenix - reduced fill rate for RNs on nights. MHSOP wards, no change to key area's noted -Kirby, Welford Coleman, and Gwendolen. Reduced fill rates for RNs on days on Kirby, Welford, and Coleman. A review of the NSI's has identified an increase in the number of falls incidents from forty -six in October to sixty in November 2022. The number of medication incidents increased to eighteen this month	Staffing is risk assessed daily across all DMH and MHSOP wards and staff moved to support safe staffing levels, skill mix and patient needs. Staff movement not always reflected on e- roster impacting accuracy of fill rate data. Review of increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes. Recruitment ongoing and establishment review completed. Medication Administration Technicians and Nurse Associates are not reflected in the fill rates hence rates not achieved, RN to Patient ratio is 1:12/1:10 as per staffing model. Falls huddles in place and physiotherapy reviews for patients with sustained falls and increased risk of falling Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.	
FYPCLD **In-patients**	No change to key areas noted- Beacon, Agnes, and Langley wards. A review of the NSIs has identified an increase from two falls in October to four in November and decrease of four medication errors in November from six in October 2022.	Mitigation remains in place- potential risks being closely monitored. Establishment Review completed in September 2022. Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.	
CHS Community	No change to key areas noted - City East, City West, East Central and Hinckley Hubs with Overall OPEL rating at level 3/ level 3 actions due to increased patient acuity with increased caseloads, high vacancy levels and absence. Essential visits maintained.	Daily review of all non-essential activities per Level 3 OPEL actions. Reprioritised patient assessments. Pressure ulcer and community nursing quality improvement and transformational plans continue.	

DMH Community	Services continue with High RN vacancies in the Crisis Mental Health team, City Central, Melton, and Charnwood CMHT. High locum use continues.	Mitigation remains in place, potential risks closely monitored within Directorate. Quality Summit in November 2022.	
FYPC.LD Community	No change to key area's previously noted - LD Community rated red and no change to Healthy Together, Psychology, Therapy, Diana and Looked After Children.	Mitigation remains in place with potential risks being closely monitored within Directorate.	

Measures to monitor the impact of staffing on quality

National Quality Board guidance suggests drawing on measures of quality alongside care hours per patient day (CHPPD) to understand how staffing may affect the quality of care. Suggested indicators include patient and staff feedback, completion of key clinical processes – NEWS, observations, VTE risk assessments, medication omissions, patient harms including pressure ulcer prevalence and in-patient falls and learning from patient safety investigations and serious incidents.

Triangulation of complaints and nurse sensitive indicators with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patients. We are starting to see correlation of impact of staffing skill mix and competencies as a contributory factor in some serious incident and incident reviews. The key high-level themes are linked to deteriorating patient and NEWS escalation, mental health observations and pressure ulcer risk assessment and prevention, there are specific Trust groups working on improvement plans and new group collaboratives established with NHFT led by our group director for patient safety and deputy directors of nursing and quality specific to these three areas.

Staffing and safety and incident reviews have identified that as workload, acuity and dependency increases with mitigating actions such as re-prioritisation of visits, step down of non-clinical activities, review of training, movement of staff and increased reliance on agency workers there is an impact on role essential training, equipment training such as use of Flat Lift equipment, timeliness of care plan and risk assessment updates and challenges with clinical continuity and oversight of standards. Senior clinicians and leaders are working every day to minimise and mitigate these risks however it is important to note this reality in practice and impact to patient and staff experience.

Right Skills

Staff Group	Appraisal	Clinical Supervision	Core Mandatory Training	Data Security Awareness IG	Basic Life Support	Immediate Life Support
All Substantive	82.4%	80.8%	All compliance subjects green	93.3%	86.8%	82.2%
Bank					63.5%	58.1%

- Compliance with face-to-face mandatory training is reported through the Training Education Development and Strategic Workforce Committee.
- In response to the emerging correlation between staff skills and competencies and incidences as a contributory factor and focused patient safety collaboratives for deteriorating patient, mental health observations and pressure ulcer prevention, clinical teams and services have worked with block booked agency workers to provide role

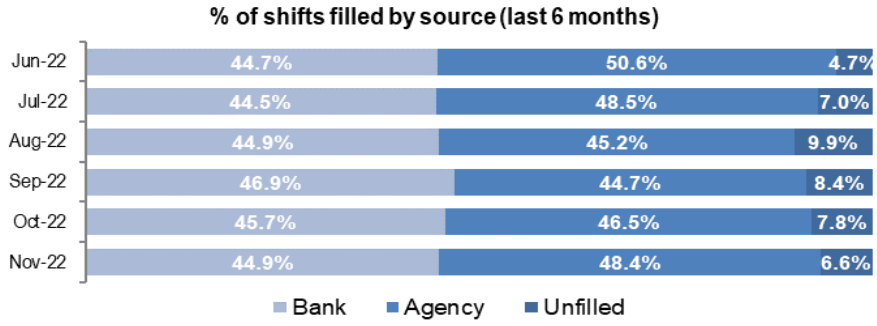
essential/specific training for staff working in CRISIS and urgent mental health care teams and community nursing.

- Train the trainer Flat Lift equipment training has been rolled out by the Trust Manual Handling Lead with a focus on staff working in Community Hospitals and MHSOP wards, further work to include regular agency workers to be trained.

Right Place

- Fill rates above and below 100% for actual HCSWs predominantly on days reflect adjusted staffing levels and skill mix to meet patient care needs.

Table 1 - Temporary Workforce



Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 11.3 CHPPD (national average 10.8) consistent with October 2022, ranging between 5.9 (Stewart House) and 60.0 (The Grange) CHPPD. CHPPD is calculated by the total actual staffing hours divided by the total occupied bed days (OBDs). 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. Table 2 reflects the variation in directorate and table 3 illustrates the proportion of staff absent due to sickness absence.

Table 2 – CHPPD by Directorate (previous 12 months)

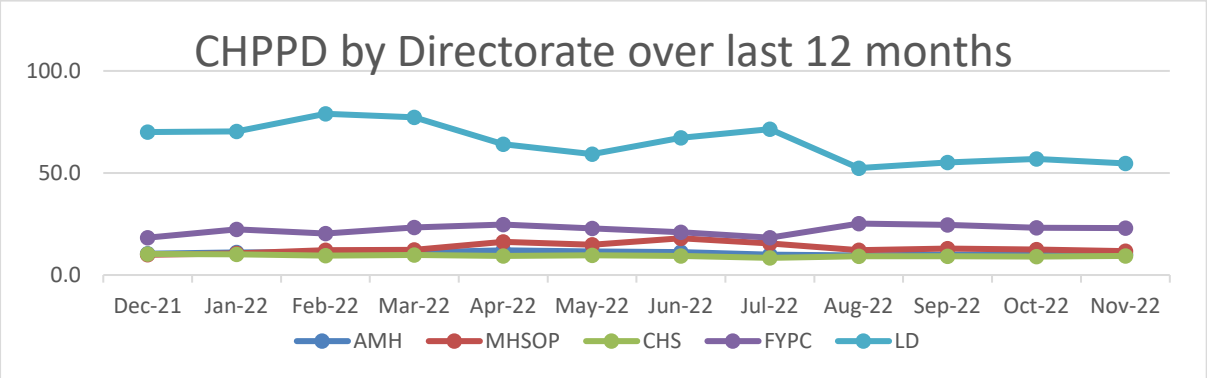


Table 3 – including CHPPD, RN Vacancies and Sickness

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	Sickness %	HR Updates
CHS	9.3	156.3	24.8% (→0%)	5.20%	No change in establishment. Staff in post increased by 0.1wte. Total change in vacancies = decrease of 0.1wte
DMH Inc MHSOP	10.2 11.7	156.4	22.2% (↓0.5%)	6.50%	Establishment increased by 0.6wte. Staff in post increased by 4wte. Total change in vacancies = decrease of 3.4wte
FYPC LD	23.0 54.7	102.6	18.8% (↑1.6%)	5.90%	Establishment increased by 4.6wte. Staff in post decreased by 5wte. Total change in vacancies = increase of 9.6wte.

The RN vacancy position remains at 420.0 Whole Time Equivalent (WTE) with a 21.8% vacancy rate. The change in vacancy WTE is impacted as much by changes to the establishment as it is changes to how many staff are in post/recruitment/turnover as described in the Human Resource updates above. Turnover for Band 5 and 6 nurses is at 9.5%**, (**includes all reasons for leaving **-** voluntary leavers**,** retirements, dismissals etc). This is below the trusts target of 10%. Progress continues by participating in the People Promise Exemplar scheme which started April 2022 and a dedicated People Promise Manager who is focusing on retention and working with system colleagues/regional/national teams to review existing retention approaches and develop further activity**.** As part of our Agency Reduction plan, we aim to reduce registered nurse turnover by 0.5%. Sickness and absence give an indication of staffing pressure within each directorate.

Recruitment Pipeline

Throughout November 2022 we continue to grow and develop our nursing workforce. A total of 36.19WTE nursing staff (bands 5 to 8a) were appointed. Two internationally recruited (IR) nurses have started in November 2022. In addition to local recruitment activity a number of staff are in the pipeline and due to commence in post over a 3-month period.

Health and Well Being

The health and well-being of all our staff remains a key priority. The trust continues to support staff mental and physical health through referrals, signposting, communications, health and wellbeing champions and access to available resources.

Proposal

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in November 2022 it is anticipated that staffing challenges continue to increase. There is emerging evidence that current controls and business continuity plans are not fully mitigating the impact to the quality and safety of patient care across all services, at all times hence high temporary workforce utilisation to maintain safety.

Whilst there has been no evidence through the in-patient monthly triangulated review of Nurse Sensitive Indicators and quality metrics that staffing is a contributory factor to patient harm, we are starting to see correlation of impact of staffing skill mix and competencies as a

contributory factor in some serious incident and incident reviews linked to deteriorating patient and mental health observations. There is a level of concern about pressure ulcer harm in community nursing and deferred visits, and potential for unknown risks and impact to outcomes and harm linked to reduced service offer/Health assessments in Healthy Together teams and Looked After Children services, 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 inpatient and community staffing levels and actions in place to try to mitigate the risk of impact to patient safety and care quality.

Annex1 November 2022

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	PU Category 2	PU Category 4	Staffing Related Incidents
				>=80%	>=80%	>=80%	>=80%	-	-	<20%									
DMH Bradgate	Ashby	14	14	97.5%	306.1%	109.7%	259.5%			59.5%	10.5%	49.1%	12.7	2→	2→	1↑			
	Beaumont	22	22	103.6%	244.7%	104.3%	175.9%			58.8%	25.6%	33.2%	6.8	1→	6↑	0→			
	Belvoir Unit	9	10	139.7%	231.2%	98.5%	267.0%			50.8%	29.6%	21.3%	19.8	0→	2↓	0↓			
	Bosworth	14	14	119.9%	132.0%	106.3%	121.4%		100.0%	54.9%	24.2%	30.6%	8.9	4↑	5↑	0→			
	Heather	18	18	103.6%	155.4%	104.6%	113.5%			52.0%	29.5%	22.5%	6.6	1↓	2↓	0→			
	Thornton	12	12	79.1%	215.6%	92.5%	127.0%			35.5%	25.2%	10.3%	10.2	0→	0→	0→			
	Watermead	20	20	120.5%	333.1%	112.3%	256.2%			61.3%	21.6%	39.7%	9.5	3→	2↑	0→			
	Griffin - Herschel Prins	6	6	104.4%	203.3%	104.2%	480.8%			64.3%	30.5%	33.8%	27.6	0↓	0→	0→			
DMH Other	Phoenix - Herschel Prins	12	12	104.7%	110.3%	52.3%	156.7%		100.0%	37.3%	20.2%	17.1%	9.1	1↑	0→	0→			
	Skye Wing - Stewart House	27	30	118.3%	117.3%	152.1%	158.7%			36.0%	32.9%	3.1%	5.9	0↓	4→	0→			
	Willows	12	9	221.5%	138.2%	144.0%	117.2%			60.3%	40.5%	19.8%	10.8	2↓	2↑	0→			
	Mill Lodge	13	14	137.0%	123.1%	105.4%	143.9%			41.8%	31.8%	10.0%	13.6	1↑	2→	0→			
	Kirby	23	23	76.4%	132.1%	126.4%	142.3%	100.0%	100.0%	38.4%	21.4%	17.1%	7.9	2↑	4↓	0→			
	Welford	16	17	68.1%	95.8%	130.9%	164.2%			31.5%	22.6%	8.9%	8.1	1↑	5↑	0→			
	Coleman	18	18	49.4%	174.4%	152.7%	728.4%	100.0%	100.0%	71.3%	41.4%	29.8%	16.6	0→	6→	0→			
	Gwendolen	16	19	91.3%	138.2%	131.3%	186.6%			51.2%	32.5%	18.7%	15.4	0→	16↑	0→			
CHS City	Beechwood Ward - BC03	22	23	89.9%	121.8%	100.0%	119.0%	100.0%	100.0%	31.9%	19.7%	12.2%	8.8	2↓	2↓	0→	1↑	0→	
	Clarendon Ward - CW01	19	21	87.4%	119.7%	103.2%	118.7%	100.0%	100.0%	28.2%	10.1%	18.1%	9.8	1→	3↑	0→	1↑	0→	
CHS East	Dalgleish Ward - MMDW	15	17	106.1%	88.0%	98.6%	113.6%	100.0%	100.0%	23.1%	7.9%	15.2%	8.5	3↑	2↑	0→	0→	0→	
	Rutland Ward - RURW	18	17	111.1%	164.0%	104.3%	119.1%	100.0%	100.0%	39.9%	21.7%	18.2%	8.7	0↓	2↓	0→	0→	0→	
	Ward 1 - SL1	17	20	89.9%	125.1%	100.1%	147.3%	100.0%	100.0%	37.4%	20.5%	16.9%	10.8	0→	3↑	0→	0↓	0→	
	Ward 3 - SL3	12	13	103.6%	85.5%	100.0%	98.2%	100.0%	100.0%	25.0%	16.4%	8.5%	9.7	2↑	0→	0→	1↑	0→	
CHS West	Ellistown Ward - CVEL	17	19	103.0%	107.0%	108.3%	101.6%	100.0%	100.0%	23.5%	7.3%	16.1%	9.0	0↓	3→	0→	0↓	0→	
	Snibston Ward - CVSN	17	19	81.1%	121.1%	100.2%	145.4%	100.0%	100.0%	25.0%	10.7%	14.3%	9.9	1↑	2↓	0→	2↑	0→	
	East Ward - HSEW	21	23	120.0%	111.6%	109.9%	128.3%	100.0%	100.0%	24.0%	9.1%	14.8%	9.2	3↑	6↑	0→	0↓	0→	
	North Ward - HSNW	16	18	96.7%	86.0%	100.1%	82.2%	100.0%	100.0%	14.7%	7.7%	7.0%	9.6	1↓	2→	0→	1↓	0→	
	Swithland Ward - LBSW	19	20	135.9%	93.1%	91.7%	159.6%	100.0%	100.0%	20.9%	9.6%	11.3%	8.9	3↑	2→	0↓	0↓	0→	
FYPC	Langley	11	15	92.7%	95.4%	132.9%	107.6%	100.0%		52.5%	38.4%	14.1%	18.6	0↓	1↑	0→			
	CAMHS Beacon Ward - Inpatient Adolescent	7	17	83.2%	139.7%	152.9%	110.0%	100.0%		62.8%	24.1%	38.7%	30.9	2↑	0↓	0→			
LD	Agnes Unit	1	1	93.8%	70.0%	97.8%	103.0%			53.2%	17.1%	36.2%	59.3	2↑	2↑	0→			
	Gillivers	2	6	126.1%	107.9%	133.3%	95.6%			8.6%	8.6%	0.0%	39.8	0↓	0→	0→			
	1 The Grange	1	4	-	83.2%	-	137.7%			14.8%	14.8%	0.0%	60.0	0→	1→	0→			

Governance table

For Board and Board Committees: **Paper sponsored by:**		
	Anne Scott Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Elaine Curtin Workforce and Safe staffing Matron Emma Wallis Deputy Director of Nursing and Quality	
Date submitted:	31.1.2023	
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 – 31 January 2023

Infection Prevention and Control Six-Monthly Report to Trust Board

Introduction

This six monthly report provides assurance from the Director of Infection Prevention and Control (DIPaC) that the trust has a robust, effective and proactive Infection Prevention and Control (IPC) strategy and work programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code.

Background

The Infection Prevention and Control (IPC) team currently has 2.7 Whole Time Equivalent (WTE) Infection Prevention and Control Nurses and 1 WTE IPC administrator. The team is supported and managed by the Deputy Director of Nursing and Quality/Deputy Director of Infection Prevention and Control (DDIPaC). Recruitment into the IPC team for vacancies due to retirement has recently taken place, with 2. 4 wte band 6 IPC nurses successfully recruited and will be in post by the beginning of February 2023. The vacant band 7 post will be readvertised as a development band 6/7 post.

The Infection Prevention and Control Board Assurance Framework (BAF) has been updated by NHS England (NHSE) in September of this year. This document is intended to support the organisation in responding in an evidence-based way to maintain the safety of patients, service users and staff. Whilst the United Kingdom Health Security Agency (UKHSA) guidance for the application of measures of Infection Prevention and Control in response to the SARS-CoV-2 pandemic was archived at the end of April 2022, the intention is that the BAF combined with the National Infection Prevention and Control Manual for England (April 2022) will support the trust to develop, review and support internal assurances. With an increase of COVID-19 and Influenza during the autumn into winter 2022/23 there have been a number of recent guidance publications.

Purpose of the report

The aim of this report is to provide the Trust Board with assurance that there is a robust, effective and proactive infection prevention and control programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) and to assure the board that all IPC measures taken are in line with government COVID-19 IPC guidance.

In addition the report provides updates on;

- Information, quality improvement learning and actions for compliance in regard to COVID-19 outbreaks and nosocomial COVID-19.
- Report for the Deaths from COVID-19
- Podiatry decontamination update
- Legionella incident – Rutland Memorial Community Hospital

- Legionella incident – Loughborough Community Hospital

Analysis of the issue

1.0 COVID-19 pandemic

1.1 Between 1st January 2022 and 31st December 2022, LPT recorded 73 COVID -19 outbreaks, including incidents that occurred in non- clinical areas affecting staff only. 42 of the outbreaks occurred in Community Health Services and 31 occurred in Directorates of Mental Health, Families and Young People and Learning Disabilities Services.

1.2 COVID-19 figures from 1st January 2022 – 31st December 2022:

Total number of COVID-19 patient cases = 484

- Total number of COVID-19 cases 0-2 days = 35
- Total number of COVID-19 cases 3-7 days = 99
- Total number of COVID-19 probable nosocomial cases = 78
- Total number of COVID-19 definite nosocomial cases = 272

1.3 134 of the COVID-19 cases were attributed to community onset, picked up by screening. The remaining 350 cases (72.31%) are nosocomial healthcare acquired. Reviews of each case have identified learning in line with the regional picture. Discussions with NHSE advise that some areas have increased numbers, but that benchmarking with other trusts is not advised due to a number of variables.

1.4 Total number of COVID-19 staff cases = 1605 (between 1st Jan – 31st Dec 2022)

1.5 The COVID-19 pandemic continues to be flagged at level 2, COVID-19 is in general circulation, but direct COVID-19 healthcare pressures and transmission are declining.

1.6 The UK Health Security Agency (UKHSA) updated its UK IPC guidance in May 2022 with new Covid-19 pathogen specific advice for health and care professionals to be read alongside the National Infection Prevention and Control Manual (NIPCM) for England and applies to all NHS settings or settings where NHS services are delivered. It is acknowledged that organisations will require a period of transition to make changes and adapt operating procedures given local variation in infection levels and risk assessment of settings including ventilation, spacing and mask wearing.

1.7 To support this transition a 'living with COVID-19 risk assessment tool was adapted as the organisations local risk assessment to support local decision-making regarding mask use and spacing as part of the reset and rebuild programme. Transitioned back to pre-pandemic visiting and introduced a safe visiting guide. Introduced a new triage and screening template on SystmOne and have moved from three (low, medium, high) COVID-19 patient pathways to admissions to community hospitals and inpatient areas in line with pre-covid practice. The winter planning process to include respiratory and non-respiratory pathways to guide patient placement, IPC precautions and Personal Protective Equipment (PPE) for contact has been developed and continues to be introduced in a phased process dependent on the risks within the system and organisation. .

1.8 Lateral flow testing for all staff within LPT continues to be supported and has been successful in identifying a number of staff who had a positive result despite being asymptomatic.

1.9 A task and finish group with a pilot test was set up to run for two weeks in June 2022, to introduce Lateral Flow Device (LFD) for patient testing in place of PCR testing, supported in the national guidance. As an LFD is considered a medical device, a Standard Operating Procedure (SOP) and competency checklist for staff has been developed to support the process and governance requirements. The success of the LFD pilot has enabled LPT to instigate instant testing for patients at the point of care as infections increase or decrease in order to support patient safety and early intervention for infections. LFD testing is currently being used for patients admitted into Community Hospital beds to support patient placement and patient safety. The development of a Point of Care testing policy is progressing which will cover a range of tests including blood sugar monitoring and LFD's.

1.10 A review of all patients within LPT whose death was associated with COVID-19 was carried out and a report produced and shared through the Infection Prevention and Control Assurance Meeting.

The purpose of the report was to provide an aggregated review of all the patients in LPT who died within 28 days of a positive COVID-19 test result. It covers the period of 26th March 2020 up until 31st October 2022. The number of deaths during this time in LPT was 81.

- The majority of COVID-19 deaths occurred in April 2020 and January 2021
- Of the deaths involving COVID-19; there was at least one co-morbidity in every reported case. There appears to be similar numbers for the most common co-morbidity found in deaths involving COVID-19, these were dementia, ischaemic heart disease, chronic kidney disease, cancer diagnosis and diabetes. It is worth noting that a number of patients were diagnosed with more than one co-morbidity.
- Male patients had a higher mortality due to COVID-19 when compared to female patients.
- The majority of COVID-19 deaths were reported in patients over 80 years of age. The average age of death overall was 86 years. For males it was 85 and females 87 years.

2.0 Decontamination

2.1 Following the SI investigation completed in May 2022 for the Podiatry Service in relation to decontamination equipment, the medical device team can confirm:

- LPT owned sterilisation equipment and washer disinfectors are in service date and maintenance regimes are compliant with HTM 01-01 Management and Decontamination of Surgical Instruments (medical devices) used in Acute Care.
- Pressure testing is planned for January 2023 and will be completed by Avensys Medical Ltd and Allianz PLC to ensure compliance with the Pressure Systems Safety Regulations 2000 and the Provision and Use of Work Equipment Regulations 1998
- Monthly compliance reports completed by the Medical Device Team and shared with the Podiatry Service to provide assurance, deviation from the planned maintenance programme will be reported by exception to the Decontamination Group and the Medical Device Group

2.2 An Authorised Engineer (AE) for Decontamination was appointed, who reviewed the processes for decontamination used in podiatry services; minor amendments relating to the decontamination group terms of reference and policy for cleaning and decontamination were made based on the AEs' recommendations.

2.3 The second phase of the AE review of management processes commences in January 2023 and will include site audits, a review of staff training records and equipment validation records.

2.4 Decontamination group with quarterly meetings set up, with a wider range of stakeholders including dental services. An action log is maintained and updated to address and manage actions identified.

2.5 Decontamination policy and terms of reference have been finalised and adopted.

3.0 Legionella

3.1 Rutland Memorial Hospital

Week beginning 26 September 2022, positive water samples for Legionella were found in the following areas:

- the Rutland inpatient ward (currently closed for essential maintenance and refurbishment).
- in the midwifery clinic in Maternity: and
- in the leg ulcer clinic in the Catmose ward.

An emergency meeting was arranged with all key staff on site and the Trust Water Safety Group. A risk review of water activities was undertaken, actions were put into place immediately. These include but are not limited to:

- A full maintenance clean and treatment of the affected system completed Monday 3 October 2022.
- Testing of all outlets across the hospital.
- Precautionary measures were put into place; some clinics relocated, all showerheads removed, and all safe and potentially unsafe sinks were clearly marked.
- Staff on site advised to continue to wear masks, visors, and PPE as per current guidance, when flushing outlets.
- As an added precaution, staff were advised to only use bottled or boiled water to drink or for treatment (or use irrigation pods where appropriate). Crockery and utensils for staff-use washed using hot water whilst wearing a fluid-resistant surgical mask.
- Communications to staff and patients was developed and shared to stress that the risk was low, and it is extremely rare that the legionella bacteria results in legionnaire's disease, however it was important to provide reassurance.
- A number of toilets/bathrooms and hand wash basins were taken out of use temporarily.
- As a cautionary measure risk-assessments for patients, staff and contractors working in the hospital continued.
- Single use equipment for podiatry was put into place.

The majority of the remedial work for legionella has been completed. Rutland ward had remained closed due to planned refurbishments prior to reopening the Ward it has been agreed to move forward the sampling of the ward systems as soon as the sampling contractor can get resources to site. All Ward taps will be new and will be dipped in Chlorine solution (as per good plumbing practice) before being fitted.

3.2 Loughborough Community Hospital

Water testing results taken in the 1st week in November 2022 for Phase 2 of Loughborough Hospital were identified as positive for Legionella. An emergency meeting was arranged with all key staff on site and the Trust Water Safety Group. A risk review of water activities was undertaken.

- Point of use (PoU) filters were installed All filters fitted by Thursday 17 November, which would deem the water safe.
- A review of the pipework to understand how the different areas received their water feed was implemented as this would inform the remedial work of cleaning/chlorinating the system.
- Meetings were held on a daily basis and included all external services who are delivering services within the building. As part of the ongoing planned preventative maintenance, phase 1 of the hospital was sampled.
- Legionella bacteria non pneumonia (Anisa) was detected in 63% of the samples taken.
- Due to the age of the outlets in order to fit T-Safe filters the majority of the outlets had to be changed to new fittings.
- The majority of phase 1 is now fitted with T-Safe filters. All actions identified at the Rutland ward incident were also replicated at Loughborough hospital where applicable and appropriate.
- Due to resource levels and the higher risk of Serogroup 1 in Phase 2 the disinfection of phase 1 will take place after the phase 2 is under control.
- The Renal unit (high risk vulnerable patient areas) has no positive Legionella samples and is on an independent supply from both phase 1 and phase 2.The Lead Consultant Microbiologist from University Hospitals of Leicester has attended all meetings and continues to support the processes and also attends LPT's Water Safety Meetings.

4.0 Seasonal Flu vaccination programme – interim update

4.1 LPT is required to deliver an annual seasonal flu campaign, offering all staff the opportunity to have the seasonal flu vaccine.

4.2 For context, the flu vaccination programme runs between October and February every year. This year the flu vaccination programme ran alongside the Covid-19 vaccination and booster programme. The LPT staff fu vaccination programme commenced on 3rd October 2022 and offers the 18 – 64 vaccine and the 65+ vaccine.

4.3 The flu uptake on 16 January 2023 was 52.6%

4.4 The flu vaccination programme for staff has been delivered alongside COVID-19 vaccinations to promote uptake of both vaccines for LPT staff where it is operationally viable.

4.5 The co-delivery vaccination programme has been offered at the two LPT vaccination sites – Loughborough and Fielding Palmer Hospitals to all LPT staff.

4.6 Delivery of the programme is through a team of roving vaccinators and local clinical peer vaccinators and delivery is incentivised at the point of vaccination with flu incentives : pen, KitKat and stickers.

4.7 Recording of flu uptake is through NIVS, and the uptake reported national through the Foundry reporting mechanism. This is a reduced source of information compared with previously as the data provides staff data for the Trust by employee staff group, gender, age and ethnicity only and does not enable data at a local or team level. Details from Foundry include all LPT staff vaccinated regardless of where they had their flu jab – LPT site, GP or community pharmacy.

4.6 The use of the QR code to enable staff to confirm when they had received their flu jab was developed to allow a more detailed analysis of uptake by Directorate and team. This has been incentivised with a monthly prize draw but has not produced the uptake anticipated.

4.7 The seasonal flu vaccine for staff is being delivered using a multi-pronged approach to support flexibility and access opportunities for staff. The clinics are delivered in clinical settings and non-clinal environments to maximise uptake and opportunity. This programme of delivery is augmented by clinical peer vaccinators.

4.8 The 2nd phase of vaccination delivery has commenced with a focus on 'taking the vaccine to the point of work'. The vaccinator teams are working across all clinical inpatient wards and settings to maximise the opportunity to make very contact count.

5.0 Reporting and monitoring of HCAI Infections

5.1 There are four infections that are mandatory for reporting purposes:

- Meticillin Resistant Staphylococcus Aureus (MRSA) bloodstream infections.
- Clostridioides difficile infection (previously known as Clostridium difficile)
- Meticillin Sensitive Staphylococcus Aureus (MSSA) bloodstream infections.
- Gram Negative bloodstream infections (GNBSI)

5.2 **MRSA Blood stream infection rates**

The national trajectory is set at zero. The Trust performance for MRSA bacteraemia from April 2021 to March 2022 is zero.

5.3 **Clostridium difficile infection (CDI) rates**

The agreed trajectory for 2022/23 was 12 and is set internally by the integrated Care Board, based on national reporting guidance (identified as EIA toxin positive CDI). There have been 11 cases of health care associated infection of CDI between April 2022 and December 2022. This slight increase reflects the national picture.

- May – Clarendon Ward, Evington Centre
- May – Ward 1, Coalville Community Hospital
- Sept – Clarendon Ward, Evington Centre
- Sept – East Ward, Hinckley & Bosworth Community Hospital
- Sept – Swithland Ward, Loughborough Community Hospital
- Sept – Swithland Ward, Loughborough Community Hospital
- Oct – Ward 4, Coalville Community Hospital

- Oct – Beechwood Ward, Evington Centre
- Oct – Beechwood Ward, Evington Centre
- Nov – East Ward, Hinckley & Bosworth Community Hospital
- Dec – Charnwood Ward, Loughborough Community Hospital

5.4 All episodes of MRSA bacteraemia and CDI are identified are subject to a Root Cause Analysis (RCA) investigation. All action plans developed as part of this process are presented to the Trust IPC meeting which supports the sign off of completed actions and an opportunity to share learning. Delayed sampling was identified as one of the learning points, and the need to consider infections other than COVID-19. Learning boards continue to be developed to share the findings across the directorates.

5.5 **MSSA Blood stream infection rates**

There is no identified Trust trajectory for MSSA, with national requirements focused on acute trust services only. However, the monthly data for this infection rate is submitted to the IPC Assurance group as part of the quality schedule, this supports the overview of the infection rates and the potential of an increase which may need further review and investigation.

5.6 **Gram Negative Blood Stream Infection (GNBSI) rates**

The NHS Long Term Plan supports a 50% reduction in Gram-negative bloodstream infections (GNBSIs) by 2024/25. To help NHS systems achieve this, NHS England have developed a GNBSI reduction toolkit: a collection of guidance notes, actions and resources to support reducing GNBSI.

From April 2018 the Gram-Negative Bloodstream Infection rates include:

- E-Coli
- Klebsiella pneumonia
- Pseudomonas aeruginosa

5.7 There is no Trust trajectory for GNBSI, however monthly data for this infection rate is submitted to the Infection Prevention and Control Assurance Group Meeting.

5.8 Due to the pandemic a number of nationally planned workstreams to look at improving the reduction in rates had halted, work is now underway to re-establish the working groups.

6.0 Ventilation

6.1 The Trust has re-appointed the existing Authorising Engineer AE(V) for ventilation directly, GPT Consulting. Continuity of expert advice remains an important factor in compliance with NHS IPC requirements including high consequence respiratory infections such as Covid-19 and Influenza.

6.2 The inaugural Ventilation Safety Group (VSG) took place in May 2021 and has met subsequently at 2 monthly intervals to provide the foundation for ventilation compliance discussions in the Trust. The Terms of Reference and Ventilation Policy documents have been prepared, accordingly.

6.3 The VSG has worked to progress key fundamental governance requirements in support of safe spaces for patients, staff and visitors. The group focus includes: HTM and Policy updates; statutory compliance; advice during pandemic; requests for change of use; matters arising from current operational use of spaces; and examination of potential new products to the market for use in LPT.

6.4 Due to concerns regarding the previous external maintenance programme and lack of assurances, the VSG group commissioned a full ventilation audit to provide the Trust an assessment of the adequacy of the ventilation systems deployed across our estate. This feedback has been extended to include a supplementary audit of sites with repeated Covid-19 outbreaks. Reports were due in November 2022, however due to incidents outside of the trusts control these have been delayed by a couple of months.

6.5 The VSG has provided appropriate advice to H&S and IPC to support the Reset & Rebuild transformation work, and hybrid working.

6.6 A crucial aspect of VSG is to address issues around asset and compliance data checks, technical compliance, design advice, approval of capital designs, reviewing management processes and organisational governance arrangements.

Key achievements include:

- Rectification of non-complaint plant in ECT clinical areas to ensure safe working during covid.
- Working with H&S colleagues, providing the narrative to advise safe spaces during covid across the Trust's estate.
- Full site audit across all former UHL maintained sites.
- Establishment of a fan cleaning process for heatwave.
- Ventilation advice and decisions for ad-hoc requests for alterations or change of use of clinical or office areas.

7.0 Water Management

7.1 The water safety group (WSG) meets every 2 months. The WSG members have been appointed by the Trust and competence for the role validated by our Authorising Engineer AE(W), Hydrop. Governance of the group is established with appropriate representation and supported with current documentation including a Water Safety Plan and water Policies.

7.2 Appropriate Responsible Person (RP) training has been undertaken by members of the WSG, with further training for remaining colleagues in place. Membership comprises representation from key areas of the Trust, including Estates, IPC, H&S, alongside our existing AE(W) Hydrop, and newly appointed independent advisor from UHL Microbiology.

7.3 As there were no assurance, maintenance or checking from the previous external contractor LPT has instigated compliance checks for water systems across all sites. Overall, compliance is improving, however the concerns remain around legacy maintenance which are being addressed through the FM Transformation work and appointments to new LPT estate maintenance roles. It remains an estates priority to achieve compliance, which is observable through increased checking and monitoring of temperatures etc, being undertaken in accordance with the Water Safety Plan. Furthermore, contracts are being established for maintenance and cleaning tasks.

7.4 As a consequence of enhanced monitoring and checking, there are notable issues which have required immediate attention to rectify. The WSG continues to focus on the legacy matters around maintenance and address issues, accordingly.

7.5 Key achievements in the period include:

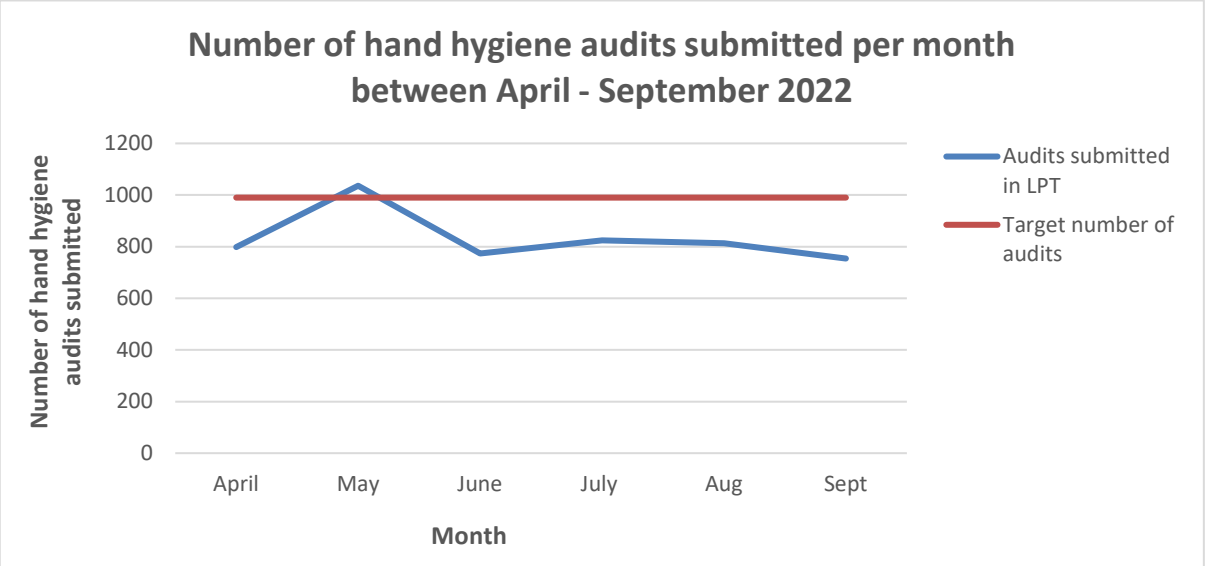
- Rectification of legionella issues identified through active monitoring and capital delivery processes, across LPT estate.
- Improvement in the visibility of data, enabling the direction of tasks to be focused.
- Completion of Water Risk Assessments (WRA) across Trust sites.
- Commencement of actions arising from WRA, on priority basis.
- Installation of Chlorine Dioxide unit at Coalville Community Hospital as part of rectification measures to address water quality.
- Flushing water records maintained.

8.0 Hand hygiene

8.1 The total number of audits required per month by all teams equates to 1516 audits to ensure more representative auditing. The aim for 2022/23 was to maintain the total number of audits at 909 audits (60%) due to the impact of the pandemic and continued agile and hybrid working impacting on numbers of audits.

8.2 Quarter 1 (Q1) returned an average total of 869 hand hygiene audits and Quarter 2 (Q2) decreased to an average of 797. The average number of audits throughout Q1 and Q2 remain under the expected average of 909 audits. It is difficult to distinguish the reason for the reduction in audit submissions from Q1 to Q2 however it is likely that the changes to link IPC staff, staff working from home and staffing challenges have resulted in the average number of completed audits is below the target.

8.3 The graph indicates that on average, the number of hand hygiene audits being completed is considerably lower the expected target of 909, except for May where 1036 hand hygiene audits were submitted. Taking into consideration the possible factors outlined above, work continues to try to improve the number of audits being completed. Teams are encouraged to notify the IPC team of any new IPC links and a team's meeting is offered to provide support on how to complete and input audits onto the hand hygiene app if required.



8.4 Hand hygiene audit reports are now accessible via Staffnet and are circulated every Monday to the relevant IPC link leads. Three reports are available to view: IPC hand hygiene summary, IPC hand hygiene by teams and IPC never reported in the past 12 months. The IPC hand hygiene trend report is also emailed to the IPC link leads and uploaded onto StaffNet monthly. These reports are also shared at the IPC Operational Group bi-monthly so directorates can acknowledge and address any concerns which need to be included in their IPC highlight reports which are shared at the bi-monthly IPC Assurance Group meetings.

8.5 There has been sustained compliance performance in terms of practice and results of the audits with a pass rate of 99% in Q1 and 96% in Q2, showing an average of 98%. If the number of audits increased, it would be anticipated and expected that there may be a decline in the overall performance as it would portray a more reflective representation of clinical practice.

8.6 The Trust Infection Prevention and Control team continue with the in-patient clinical support visits that include a quality assurance review of hand hygiene practice and adherence to Personal Protective Equipment (PPE).

9.0 Cleaning

9.1 Cleaning audit outcomes previously reported monthly through the Trust IPC Group have not been received due to a lack of information from the host organisation. Cleaning services have been identified as an organisational risk and this is reviewed at every IPC group monthly meeting. The risk identifies reporting of audit scores by the host of the service has been sporadic and not reflective of findings by LPT.

9.2 In line with the national recommendations, during Covid-19 peaks, two hourly touch point cleaning was implemented within inpatient areas. This process supported the reduction in outbreaks of infection, with specific reference to Covid-19. This process has been documented and audited to provide assurance. This action has since been reduced universally and is applicable in outbreak areas only.

9.3 A business case was developed, and a rapid response cleaning team was operationalised for supporting the introduction of a third clean in inpatient areas as well as a quick response to outbreak/cleaning requirements. Recruitment to these posts remains challenging due to the host organisation suspending recruitment pending the transfer of services to LPT. Recruitment to all vacant domestic services posts is a critical action for LPT following this transfer.

9.4 Despite assurance that cleaners' rooms and equipment are audited monthly as part of the management audit undertaken by the Soft FM team, there has been no reporting received from the host organisation.

9.5 The Trust has a twelve-month rolling deep clean programme in place however due to the high volume of vacancies, the deep clean team have been utilised to cover the rapid response team and attend/support outbreak areas. The deep clean schedule is approximately 10 weeks behind plan.

9.6 The monthly facilities forum has been suspended due to resourcing issues and the prioritisation of transfer of services back to LPT .

9.7 Despite assurance from the host organisation that the National Standards for Healthcare Cleanliness 2021 had been implemented, since transfer of services it has been established that full

implementation is not in place and a plan has been developed to ensure full implementation is achieved by the end of January 2023.

9.8 LPT has purchased equipment to replace the existing broken/redundant equipment identified during transfer preparations. The distribution of this equipment is being rolled out to all areas in November 2022.

9.9 All Facilities Management (FM) services from existing host to LPT was completed on 1st November 2022. A number of issues relating to TUPE data are still to be worked through, but services are able to be delivered in the same format as pre-transfer. Work had commenced on the transformation of these services to improve standards and meet compliance requirements.

10.0 Antimicrobial stewardship

10.1 'Antimicrobial stewardship remains a vital tool in the fight against resistance and preserving the usefulness of antimicrobials so that they benefit patients who really need them.

10.2 The lead pharmacist for antimicrobial stewardship continues to oversee the maintenance of the actions and controls within the trust policy. This includes careful consideration of stock lists for inpatient wards, bi-annual audit, education and training and prescribing protocols.

10.3 Antimicrobial surveillance is a useful tool to monitor consumption. A sophisticated dataset has been developed to monitor trends in consumption across inpatient areas, with quarterly reports being fed into Medicines Management Committee and the Infection Prevention and Control Assurance Group.

10.4 On an annual basis, there is international recognition by way of the European antimicrobial awareness day and world antimicrobial awareness week. Within LPT, we mark this event by ensuring our audits are undertaken at this time, whilst also doing promotion in the trust communication to all staff.

10.5 The lead pharmacist for antimicrobial stewardship also continues to represent LPT in Leicestershire-wide groups.'

Proposal

This six monthly report outlines assurance from the Director of Infection Preventon and Control (DIPaC demonstrating compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code. The report also highlights the impact of the COVID-19 pandemic to the business as usual IPC work programme and quality improvement in response to NHSE & I IPC visits.

Decision required

The board is asked to confirm a level of assurance that processes are in place to monitor and ensure compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to the as the Hygiene Code and NHS England IPC Board Assurance Framework to ensure that all IPC measures are taken in line with PHE Covid-19 guidance to ensure patient safety and care quality is maintained.

Governance table

For Board and Board Committees:	Trust Board	
Paper sponsored by:	Dr Anne Scott – Executive Director of Nursing, AHP and Quality / Director of Infection Prevention and Control	
Paper authored by:	Amanda Hemsley – Lead Infection Prevention and Control Nurse	
Date submitted:	18 January 2023	
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):	Direct to trust board	
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	6 monthly reports	
STEP up to GREAT strategic alignment*:	High **S**tandards	x
	Transformation	
	Environments	x
	Patient Involvement	
	Well **G**overned	x
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	x
Organisational Risk Register considerations:	List risk number and title of risk	5
Is the decision required consistent with LPT's risk appetite?	Yes	
False and misleading information (FOMI) considerations:	Yes	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:		

Version 1.0

Leicestershire Partnership NHS Trust

Report to:	**Infection Prevention and Control Group**
From:	Amanda Hemsley – Head of Infection Prevention and Control,
Date:	9 November 2022
Subject:	LPT SARS CoV-2 Associated notification of Death Report

1. INTRODUCTION

Guidance issued to all NHS Trusts from National Health Service England and Improvement (NHSE/I) on 9 June 2020 required all NHS organisations to instigate formal outbreak management processes where outbreaks of SARS-CoV-2 were identified.

In the event of a COVID-19 outbreak, NHS organisations were to follow existing Public Health England guidance on defining and managing communicable disease outbreaks https://www.gov.uk/government/publications/communicable-disease-outbreak-management- operational-guidance

The purpose of this report is to provide an aggregated review of all patients in LPT who died within 28 days of a positive Covid-19 test result. This report covers the period of 26th March 2020 up until 31st October 2022. The number of deaths during this time was 81. This has also supported interpretation of the data, lessons identified for learning across the Trust and maintaining patient safety.

Approach to COVID-19 deaths

NHS England and NHS Improvement guidance defines a probable or definite hospital-onset healthcare associated COVID-19 infection death as:

a) the death of a patient who has a positive specimen result where the swab was taken within 28 days of death and/or COVID-19 is cited on either Part 1 or Part 2 of the death certificate (i.e., the death resulted from a COVID-19 clinically compatible illness with no period of complete recovery between the illness and death)

b) and the COVID-19 infection linked to the death meets the definition of 'probable' or 'definite' hospital-onset healthcare associated infection:

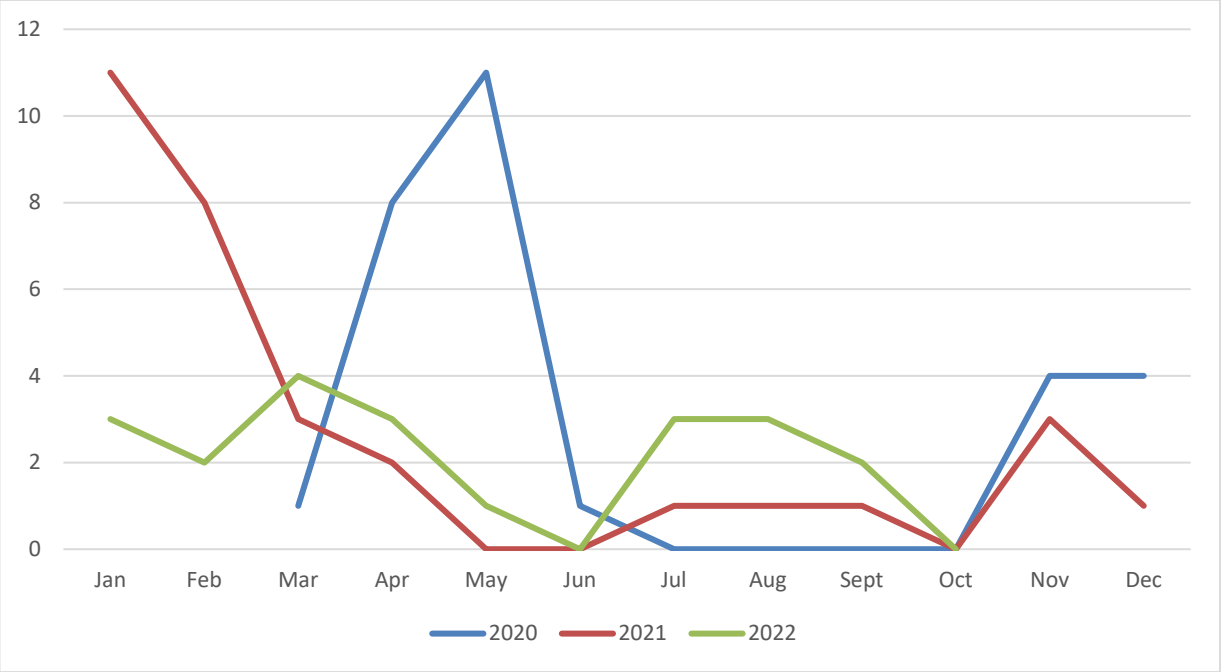
- Hospital-Onset Probable Healthcare-Associated - a positive specimen date 8-14 days after hospital admission
- Hospital-Onset Definite Healthcare-Associated – a positive specimen date 15 or more days after hospital admission

All probable or definite hospital-onset healthcare associated COVID-19 infection deaths are reported and investigated as patient safety incidents. Despite requests for the cause of death notification for the patients reviewed from the coroner's department, this information has not been received so is not included within this report.

Analysis of Covid Deaths

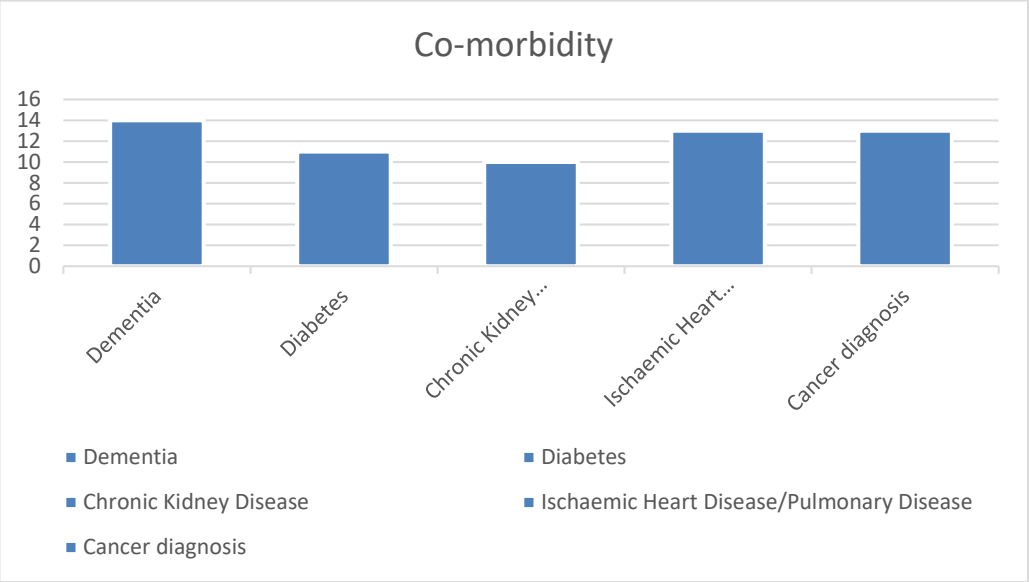
The majority of COVID-19 deaths occurred in April 2020 and January 2021 (Chart 1).

Chart 1: LPT COVID-19 patient deaths by month of death



Of the deaths involving COVID-19; there was at least one co-morbidity in every reported case. There appears to be similar numbers for the most common co-morbidity found in deaths involving COVID-19 (Chart 2). It is worth noting that a number of patients were diagnosed with more than one co-morbidity.

Chart 2



Male patients had a higher mortality due to COVID-19 when compared to female patients (Chart 3)

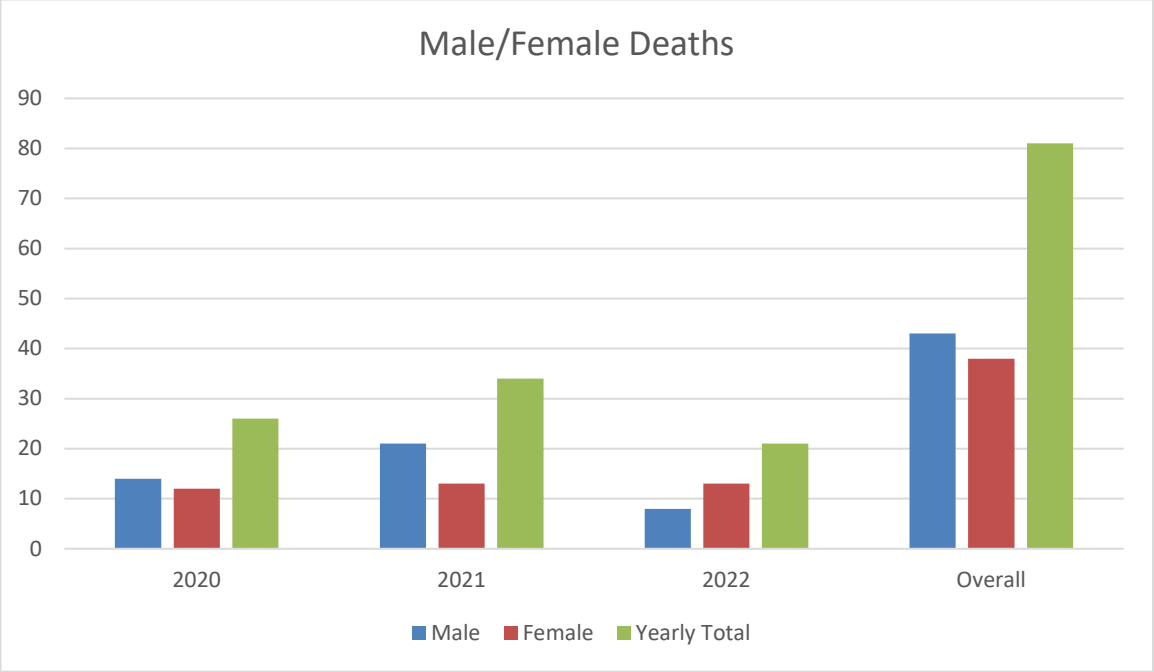


Chart 3: COVID-19 deaths – male compared to female patients

The majority of COVID-19 deaths were reported in patients over 80 years of age (Chart 4). The average age at death overall was 86 years. For males it was 85 and females 87 years.

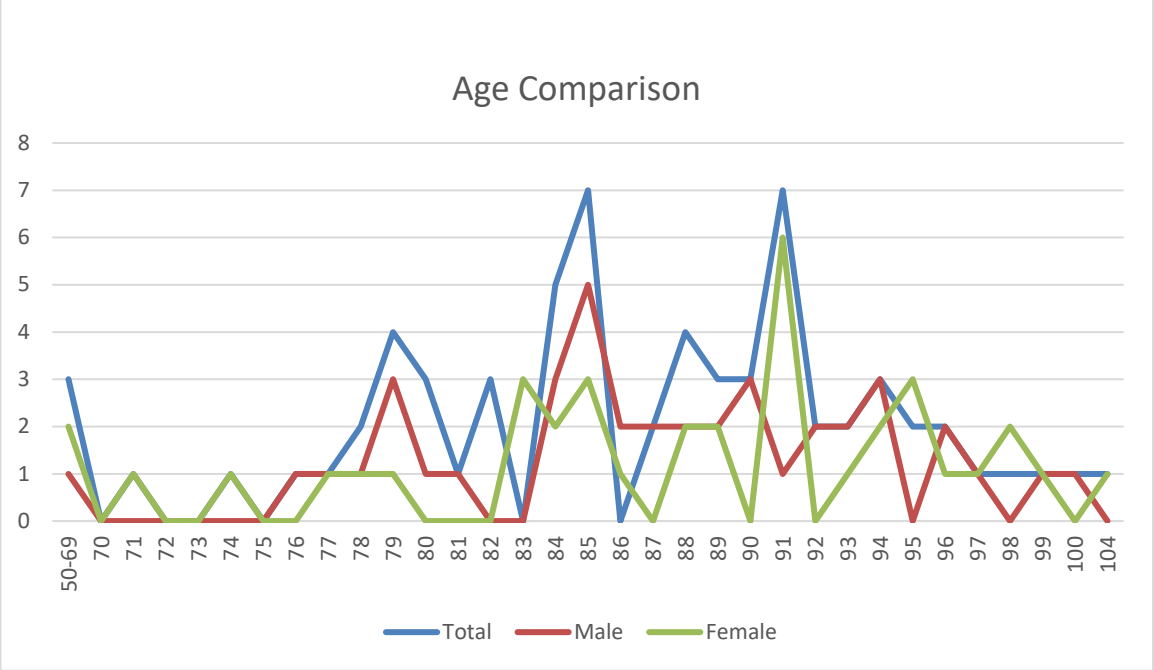
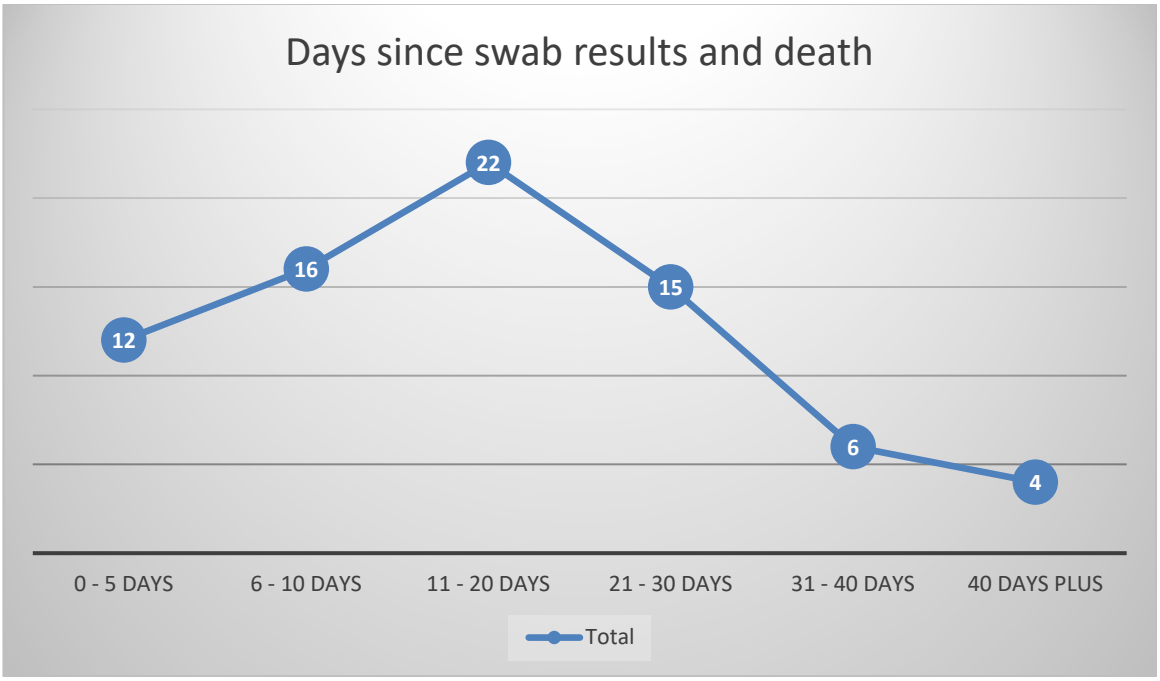


Chart 4: COVID-19 deaths – patient age

In line with national guidance, all patients who died with a probable or definite diagnosis of nosocomial COVID-19 (see 4b, above, for definitions), are part of an aggregated review using the root cause analysis process.

This report covers all deaths of patients between the identified timeline that were diagnosed with Covid-19. However, in line with the national reporting guidance the chart below identifies the number of days between being diagnosed with Covid-19 and the date of death.

The greatest number of patients died within the timescales considered to be a nosocomial infection of 15 plus days since admission



5. Learning and actions from Covid-19 reviews

Covid-19 audits were completed in inpatient areas weekly and daily for those with increased incidents of Covid or ongoing outbreaks. The audits include Personal Protective Equipment (PPE), adhering to social distancing, ventilation, staff testing, patient testing and vaccination status. The results were reviewed in conjunction with the Infection Prevention and Control Team and discussed at the outbreak meetings. Lessons identified for learning were shared with all services within LPT as learning boards.

Covid-19 PCR tests were carried out for inpatients on the day of admission, day 3, day 7 and then weekly. Testing for non-symptomatic patients was ceased in August in line with national guidance. Testing for symptomatic patients continues.

Ventilation risk assessments were conducted with risks added to the organisational risk register and a ventilation programme has been developed, which will continue to be progressed and managed by the trust's ventilation group.

None of the deaths from covid were associated with travel to a foreign country or patients who may be displaced from their country of birth.

Information regarding the patients cause of death listed on the death certificates was requested from the coroner's team on a number of occasions to provide further learning however at the point of completing this report this information had not been received.

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Leicestershire Partnership NHS Trust

Trust Board – 26th July 2022

Freedom to Speak Up: half yearly report

The role of the Freedom to Speak Up (FTSU) guardian is to work alongside the trust leadership teams to support the Leicestershire Partnership NHS Trust in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely. In practice this role can be seen to have 2 key strands: reactive work supporting staff to speak up to improve patient care and the staff experience and proactive work to raise awareness and embed the key FTSU messages making 'speaking up is business as usual'. This report seeks to provide assurance in both of these areas. This report seeks to provide assurance in both of these areas.

Purpose

The purpose of this report is to provide the Board with an update on the F2SU activity during Q2 and Q3 2022/23 and will be presented in 3 parts as recommended in the Freedom to Speak Up: A guide for leaders in the NHS. The report includes comparative data on numbers of cases per year over the period Q1 18/19 – Q3 22/23 and a breakdown of the number of cases raised through the FTSU route during the periods Q2 and Q3 22/23. This will also include broad analysis of themes or trends within the organisation and actions being taken.

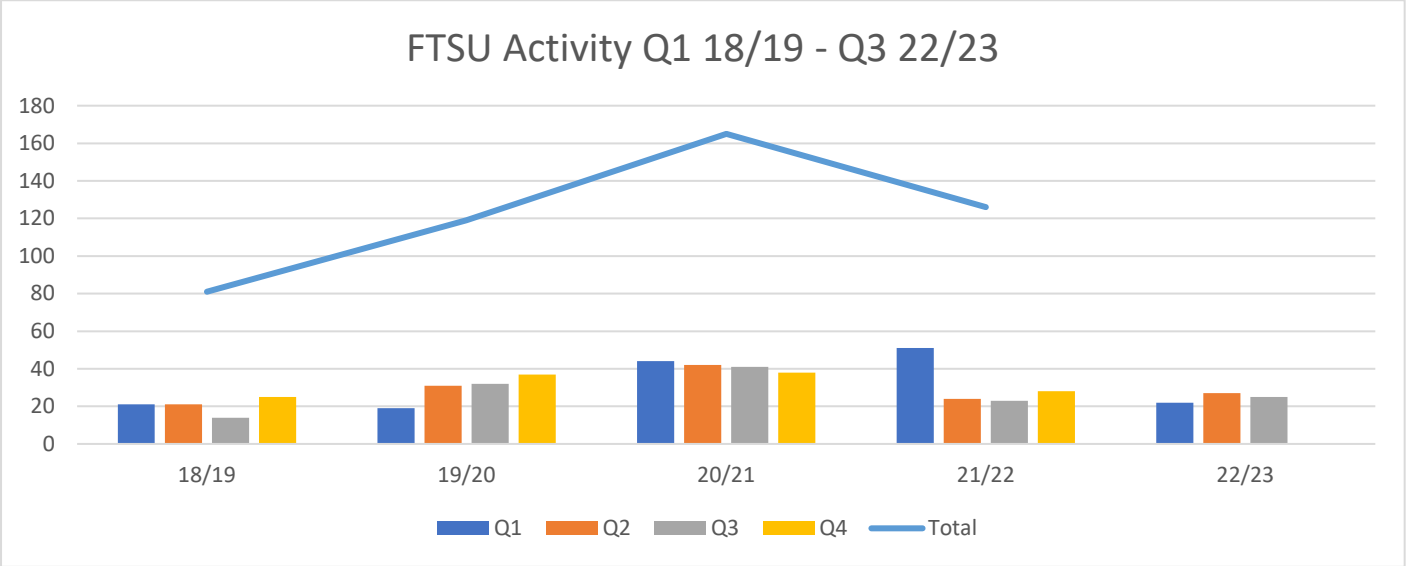
In addition, the paper contains details of activities carried out in the Trust as part of the Freedom to Speak Up work stream and updates from the National Guardians Office (NGO).

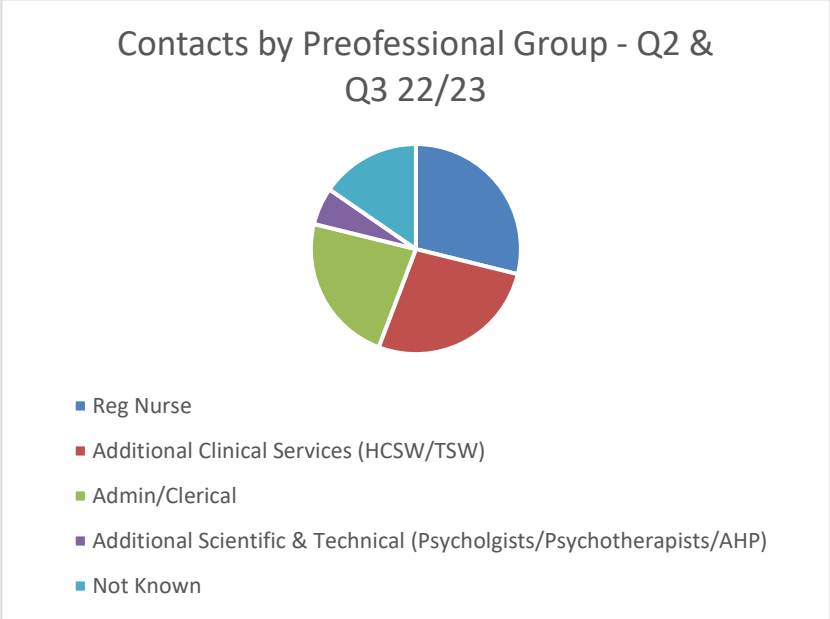
Analysis of the Issue

Part 1. Assessment of cases

Utilisation of the FTSU Process

The chart below shows the number of concerns raised per quarter during the period Q1 18/19 – Q2 22/23. Although, speak up contacts had progressively increased year on year until Q3 20/21, there is a comparative reduction in the number of contacts to between 22 and 28 per quarter. There may be many reasons for this for example: reduced physical visibility of the FTSUG across the trust during the pandemic, the increase in confidence to speak up through alternate routes, individual time and capacity to speak up or other real or perceived barriers. It is interesting to note that there are anecdotal reports of a decrease in FTSU concerns being raised across the East Midlands Regional FTSU network. This is currently unconfirmed through reported data sets.





Contacts by Professional Groups

There is a wide cross-section of the Trust workforce, that have contacted the FTSU guardian, from a variety of worker/professional groups and levels of seniority. A comprehensive definition for professional groups forms part of the updated guidance Recording Cases and Reporting Data (NGO 2022)

Comparative Summary of speaking up cases per directorate Q4 21/22 – Q3 22/23

The table below shows there continues to be a comparatively higher number of speaking up contacts from DMH however, this may be due in part, to workers approaching FTSU Guardian in pairs reporting similar concerns (this accounts for 4 contacts). These are always recorded individually in line with NGO guidance.
In addition, it may appear that there are comparatively fewer contacts from CHS. When these have been appropriately escalated the senior leadership often confirm that they have had similar issues raised through other speaking up routes and the information is then used together with wider intelligence across the directorate.

Service Area	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23
DMH	17	14	14	11
CHS	4	1	4	6
Enabling	2	3	3	1
FYPC/LD	4	4	6	8
Hosted	1	0	0	0
TOTAL	**28**	**22**	**27**	**26**

Open, confidential and anonymous cases of speaking up

Generally, colleagues request that their issue be dealt with confidentially and they voice their concerns relating to future re-percussions and fear of negative behaviors/consequences as a result of speaking up. However, with support and reassurance many have felt confident to be identified and further-more discuss issues openly with their senior leaders or managers through an informal 'listening meetings'. These meetings create opportunities for staff to be listened to and to understand any future actions in response and/or achieve resolution. Feedback on this process has been positive and builds on the development of an open and transparent culture, however, fear of real or perceived negative consequences continues to create a barrier to speaking up openly. FTSU Guardians are working with representatives from HR to introduce guidance on how to escalate cases which may result in Demeaning and Disadvantageous behaviors following speaking into the Freedom to Speak Up Process.

The majority of concerns that are raised anonymously are direct reports to CQC.

22/23	No. of Contacts	Internal	External	Anonymous
Q2	22	20	2	4
Q3	26	23	3	3

Analysis of Themes

Themes highlighted in bold are reported as part of the quarterly data collection and returned to National Guardians Office.

Themes *	Q4 21/22	Q1 22/23	Q2 22/23	Q4 22/23
Patient safety & Quality	9	7	9	7
Worker Safety or Well-being	21	9	12	17
Inappropriate Attitudes & Behaviours	15	8	16	13
Bullying/Harassment	5	5	6	5
Policies, Processes, Procedures, Systems	18	10	17	15
Infrastructure/Environment	2	1	4	1
Cultural	14	4	10	9
Leadership	21	10	15	16
Senior Management Issue	3	7	2	1
Middle Management Issue	14	7	13	12

Speak Up cases often contain multiple themes; therefore, data sets do not always equate together. Reports are recorded under the workers description.

The nature of the role of the FTSU Guardian tends to lead to individual members of staff speaking up in relation to specific individual cases and therefore it is often difficult to see generalised themes within teams, departments, directorates or indeed across the Trust.

Patient Safety & Quality

Concerns that relate to patient safety and quality are always escalated for the information of the Directors responsible for each area and reviewed by the appropriate senior leader for the team/department or work area. Often issues may be reported as a patient safety concern, however, through discussion it often transpires that safety is seen as a concern for the staff member due to strained professional relationships. When specific concerns are raised, assurance is sought to ensure the patient safety team are aware either through eIRF reports or direct contact with the team.

There were 9 cases recorded under this category in Q2 and 7 cases in Q3. These included concerns relating to standard operating procedures and the consistent use of e-prescribing methods across community mental health teams, staff concerns relating to holistic and personalised care planning appropriate to the therapeutic placement in FYPC LD &

DMH, eIRF reporting and feedback, learning from other organisations, the responsive actions to violence and aggression (impact of previous experience on colleagues) in FYPC LD & DMH and skill mix and staffing in CHS.

Worker Safety and Wellbeing

There were a total of 29 issues raised in Q2 and Q3 under this heading and were evident across all directorates). Sub-themes of this category include individual response to incivility in the workplace, communication when introducing changes and developments in work practice, allocation of shifts/rota/roster and impact on work life balance, perceived inequity in development opportunities, confidentiality, lack of local feedback, managing violence and aggression, support following significant incidents, staff retention, morale and team cultures that don't align with Trust values. The FTSU Guardians have noted a significant number of colleagues reporting a decline in their general health and emotional wellbeing. The Guardians are aware of the vulnerability of these colleagues and the need to work more slowly and sensitively ensuring that when appropriate they are signposted to AMICA, LPT wellbeing hub, and other sources of wellbeing support.

Inappropriate Attitudes and Behaviours

There were 29 issues raised in Q2 and Q3 in this category where poor leadership behaviours are exemplified including, strained professional relationships, team culture and the development of 'cliques' or 'in and out crowd' creating toxic and divisive cultures, lack of action to manage conflict and challenging situations (lack of support to resolve these/by-standing), reported micro-management and communication style. Signposting regularly includes recommendation to undertake Leadership Behaviours and Giving and Receiving Feedback training to support the development of an open, just and learning culture. In addition, staff are supported through coaching style conversations to manage expectations, explore options available and agree future actions. Actions may include facilitated conversations, mediation or FTSU Guardian's supporting listening meetings. While colleagues are accepting that the NHS including their colleagues at LPT are under severe pressure, a number of staff have expressed anxiety about returning to work after a period of ill-health or seek employment in alternate positions either internally, externally or outside the NHS due to their working environment being an undesirable place to work.

Bullying and Harassment

There have been 11 reports in Q2 and Q3 that have included bullying or harassment as a significant part of the issue and where staff believe a behaviour is a consequence of a protected characteristic. In these cases concerns have been escalated to the Equality, Diversity and Inclusion lead and senior leader responsible for the work area to ensure they have sight of any emerging themes and are able to provide specialist advice and support early intervention as required. In other cases of behaviours involving individuals, advise and support is given to access the Anti-Bullying and Harassment advice line, informal/formal process through HR and other specialist services including Staffside as appropriate. Confidential intelligence has been provided where appropriate for consideration and learning to support writing of new or revised policies such as Bullying and Harassment Policy or Grievance Policy.

Policies, Procedures and Processes

There were 32 issues or concerns in Q2 and Q3 raised in this category. These appear to relate to policy and process and how this is interpreted and managed (by managers and Human Resources colleagues) impacting on the experience of workers and appearing to undermine the confidence in the aspirations of compassionate leadership and processes. Issues have been raised directly with HR and senior leaders within directorates to ensure they understand the reported experience and perspective. Specific queries relate to Acting-up policy, Agile Working policy and the principles of Blended working, Disciplinary Policy and Procedure, Bank staff pay progression, Probation policy and the perceived variance of job descriptions for similar roles across the organisation and subsequent Agenda for Change grading. Raising concerns relating to policies and procedures is ongoing and FTSU Guardians are working with senior leaders, managers and HR personnel to provide feedback on staff experience and support the continued reviewing, development and improvements of policies in line with our Trust values and Leadership Behaviors.

The FTSU guardian has provided specific information relating to concerns raised across each directorate which is included as intelligence in the context of wider triangulation opportunities, as part of workforce listening events or discussed as part of the response, action plan and assurance from Quality Summits for example the Central Access Point, Serious Incidents and eIRF reporting.

All issues and potential themes have been reported to the appropriate Directorate Management Teams or delegated representatives and managed at a local level. Staff that have spoken up have received ongoing feedback on the progress made to resolve issues or on the final outcome as appropriate, observing confidentiality. Concerns that are raised to external agencies by a staff member are included in the FTSU record log to ensure information is triangulated and provides opportunity for early recognition of any wider themes or trends.

Part 2. Action taken to improve speaking up culture.

FTSU Guardian Activity - Raising Awareness

The pandemic had removed many opportunities for face-to-face drop-in sessions and presentations, however, in response to changing guidance as we move to 'living with COVID-19' the FTSU guardian has planned drop-in sessions at all Community hospitals to connect directly with clinical colleagues. Face to face attendance at corporate induction sessions has been maintained to ensure that all new starters, returners, bank staff and aspirant nurses are aware of the role and have opportunity to meet the Guardian in person embedding key speaking up messages from the start of their career with LPT. Face to face attendance at the training and development sessions for Medical Trainees, student nurses, healthcare support workers and nurses on preceptorship again provide opportunities to raise the profile of speaking up.

Specific engagement events include -

- FTSUG representation at all Health and Wellbeing roadshows in 2022 (plans are in place to support future roadshow events).
- A full calendar of monthly 'Here for You' events across various hospital, alliance and administration sites in LPT and UHL supported by FTSU Guardians from LPT, UHL and the Chaplaincy Service promoting 'The Listening Ear' staff support.
- Bespoke engagement events have taken place by invitation of senior leadership, on all wards at BMHU including PICU and forensic services, The Willows, Mill Lodge, Agnes Unit, Langley Ward and inpatient ward areas at Hinckley and Bosworth hospital.
- The FTSU Guardian's promoted the National Staff survey by recording a short video accessed through the closed Facebook page and weekly newsletter.
- Linking in with virtual team meetings including Diana Service, Work force Bureau and volunteers.

The FTSUG is working collaboratively with the People Promise Manager, Health and Wellbeing Lead, Organisational Development Lead and Staff Engagement Lead to underpin and embed the key FTSU messages within these work domains. The Model Health System supported by NHS England provides data sets and will be used to provide benchmarking data across the wider NHS peer group.

Speak Up Month – October 2022

During October 2022, FTSU Guardian's supported the development of awareness raising sessions and celebrations of speaking up using themes in line with NGO communications.

Week 1 **Speak up for Safety** – Co presented virtual session with Patient Safety Lead, FTSU, Health and Safety Service

Week 2 **Speak Up for Civility** – Co-presented virtual session with Health and Wellbeing Lead, Organisational Development Practitioners and FTSU Guardian

Week 3 **Speak Up for Inclusion** – Co-presentation with Equality, Diversity and Inclusion Lead supported by representatives from staff support networks

Week 4 **Speak Up for Everyone** – Joint presentation with representatives from Northamptonshire Health Care Foundation Trust, Angela Hillery, Chair of each organisation and representatives from NGO.

Evaluation of the sessions showed that feedback was positive in relation to the content of these events however, attendance was very low. There may be a number of reasons for this not least the variety of competing tasks within the working day, work duties, Health and Wellbeing activities (wellbeing Wednesday), Black History Month and Allied Health Professionals Day to name a few. Plans for Speak Up month 2023 have not been released by the NGO to date.

National Guardian Office (NGO) updates

Speak Up, Listen Up, Follow Up – Training Modules

Freedom to Speak Up in Healthcare in England
Speak Up, Listen Up, Follow Up
National Guardian
Freedom to Speak Up

Speak Up – Core training for all workers
Listen Up – Training for all Leaders and Managers
Follow Up - Training for Senior Leaders

The eLearning is available on the local uLearn platform. Currently it is not mandatory but is recommended for personal development at all FTSU engagement sessions and through induction sessions. The *Follow Up* training was highlighted at the team meeting for Non-executive Directors in July 2022.

Freedom to Speak Up: A guide for leaders in the NHS The guide for leaders in the NHS and organisations delivering NHS services, provides comprehensive information, advice and resources to support leaders to provide the best possible working environment – one where speaking up is not only welcomed, but valued as an opportunity to learn and improve. It identifies 8 fundamental principles

1. Value speaking up.
2. Role-model speaking up and set a healthy Freedom to Speak Up culture.
3. Make sure workers know how to speak up and feel safe and encouraged to do so.
4. When someone speaks up, thank them, listen up and follow up.
5. Use speaking up as an opportunity to learn and improve.
6. Support Freedom to Speak Up guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements alike.
7. Identify and tackle barriers to speaking up.
8. Know the strengths and weaknesses of the organisation's speaking-up culture and take action to continually improve.

The guide links with the Follow Up training module.

Freedom to Speak Up: A reflection and planning tool This tool recommends the senior lead for FTSU takes responsibility for completing the reflection tool and is designed to help identify strengths and any gaps that need work. It is intended to be used in conjunction with the guide for leaders in the NHS and organisations delivering NHS services.

Work has commenced in relation to this project and will form part of the Board Development session Q4 22/23.

Part 3. Recommendations

Decision required

- Trust Board is asked to note the activity and actions relating to FTSU workstream.
- Confirm assurance that issues of concern are being raised and dealt with in line with the Freedom to Speak Up: Raising Concerns (Whistleblowing) policy and that the Trust Board is aware of themes and trends emerging in the organisation.
- Confirm assurance that the Trust Board are proactive in supporting and embedding a speaking up culture in the Trust

Presenting Director: Angela Hillery

Author(s): Pauline Lewitt

24/01/23

Governance table

For Board and Board Committees:	Trust Board	
Paper sponsored by:	Angela Hillery, CEO	
Paper authored by:	Pauline Lewitt, Freedom to Speak Up Guardian	
Date submitted:	23/01/23	
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	6 Monthly	
STEP up to GREAT strategic alignment*:	High **S**tandards	Yes
	Transformation	
	Environments	
	Patient Experience & Involvement	
	Well **G**overned	
	Reaching Out	
	Equality, Leadership, Culture	Yes
	Access to Services	
	Trustwide Quality Improvement	Yes
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

Trust Board – January 2023

Patient Safety Incident and Serious Incident Learning Assurance Report for Trust Board January 2023

Purpose of the report

This is the Trust Board bi-monthly report for November and December 2022 providing assurance of the efficacy of the overall incident management and Duty of Candour compliance processes. This report also reviews our systems of control which 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

We continue 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 by working closely with staff within 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; these are owned and monitored through each directorate's governance route.

Triangulation of concerns already takes place between patient safety, legal team, and complaints. To improve this triangulation and to identify any 'hot spots' patient safety is also working with the Freedom to Speak Up Guardian and Compliance Team. This report will also assure the Trust Board of the work in relation to the patient safety strategy and now the Patient Safety Incident Response Framework (PSIRF) published in August 2022.

Patient Safety Incident Response Framework (PSIRF)
The patient safety incident response framework (PSIRF), published in August 2022, is a new approach to responding to patient safety incidents and it will replace the current Serious Incident Framework (2015). PSIRF represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS as a key part of the NHS patient safety strategy. We are working through the discovery phase of the PSIRF and have established an internal project group working through the documentation to understand the project collaboratively with ICB colleagues. We recognise the importance of clear and consistent communication for the success of this important change and ensuring good communications internally and across the system; with key principles of the PSIRF shared internally to ensure staff are prepared.

Patient Safety Strategy:

Patient Safety Partners - posts to be advertised in January 2023.

Change Leaders - Our Future Our way change leaders launch event on Friday 25th November 2022 was an excellent event with a commitment to work together to support and strengthen a learning culture. There will be a series of opportunities for Change Leaders to

access learning to support this such as Quality Improvement methodology and Human Factors.

Patient Safety Training - The change leaders are going to undertake level 1 and 2 national training modules to positively support the introduction in their own areas.

Learning From Patient Safety Events (LFPSE) - The Learning from Patient Safety Events (LFPSE) is a new system that has been developed to replace the National Reporting and Learning System (NRLS). Within LPT we are working with Ulysses, our incident reporting system, to understand what is required to successfully transition to this.

Learning Lessons -The Learning Lessons group has been re launched as a 'Community of Learning' this is using community of practice methodology. The core group consists of a diverse range of colleagues with expertise/understanding of 'learning' - membership will flex depending on the subject.

Group Director update

The Group Director of Patient Safety for NHFT & LPT commenced in post in August 2022. The role provides strategic direction to both organisations patient safety journeys and collaborative approach. A key component is to work with system partners in both the Northamptonshire and Leicestershire & Rutland ICB's on patient safety and quality improvement workstreams. To align with group quality improvement objectives, the following work has begun:

- Joint strategic pressure ulcer group
- Joint strategic mental health observations group
- Joint strategic group for care of the deteriorating patient
- A group learning lessons exchange that includes our buddy partner, St Andrews Healthcare
- An aligned approach to a quality & safety review, led by the Group Director, in response to the letter requesting the review by the National Director for Mental Health and following the BBC panorama programme focussed on the Edenfield Medium Secure Service in Greater Manchester. This work was reported to SEB & QAC in December and published on the LPT public website. A paper outlining the timescales and actions will be presented to SEB in February 2023.

The two Trusts are also implementing:

- A joint approach to using the Life QI database for quality improvement programmes and projects.

Investigation compliance with timescales

We continue to face challenges in relation to compliance with serious incident and internal investigations timescales; however there is an improving picture and an improvement plan in place We have also been working hard to improve the quality of our reviews including how we engage and support patients/relatives and staff, as well as the quality of the investigations to ensure we are identifying stronger more robust actions to manage the system issues that have contributed to the incident. As part of this we have been working to the Royal College of Psychiatrists – Serious Incident Review Accreditation Standards (SIRAN). During December 2022 we submitted our physical evidence, with planned virtual visits from members of the accreditation panel in January 23 to further accredit. The achievement of this accreditation will be an excellent foundation to build on as we develop our processes and Governance to transition to the PSIRF.

Actions in place

- Governance of the IRM - only escalate incidents if considered there are real opportunities for learning identified (working with commissioners and regulators to support this approach as we transition to PSIRF).

- Prompt allocation to either corporate investigators or Directorate staff trained in investigating (complex reports being undertaken by corporate investigators).
- Regular 'check in' with investigators to support 'blockages' with support from senior leaders in directorate to unblock.
- Report at the point of sign off is to be of a good standard and compassionate to allow focus on robust recommendations and for sharing with patients, families, and staff.
- Continue to promote the timely completion and ownership of an improvement plan in response to well considered recommendations. This has been highlighted as a challenge in recent months and we are working to minimise delays.
- Promote combined learning and actions from recommendations Trust wide. Further to piloting DMH all three Directorates have sign off meetings and are using PDSA cycles to improve to ensure that there is the right attendance with the right emphasis to learn and improve outcomes.
- Incident discussions at IRM are more open and transparent with focus on learning and improvement.
- The CQC and the ICB have commented on the improvement in the quality of both our reports and the robustness of the actions to improve systems and processes.
- Reduction in concerns/complaints from patients/families in relation to the SI process due to enhanced communication and involvement in the process, with the opportunity to review the report in a final draft stage and contribute to the content.
- A reduction in our late reports or a holding position (see appendix slides for position)

Analysis of Patient Safety Incidents reported.

Appendix 1 contains all 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. The overall position is also included for all investigations and action plans.

All incidents reported across LPT - Incident reporting should not be 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. Work related to 'open incident backlogs' continues and is an improving picture with senior support and oversight. The position has governance and oversight through IOG as prompt oversight and management of incidents is part of a strong safety culture. The collaborative care planning and shared decision-making group are leading the linked work of updating patients risks and care plans in response to reported incidents.
We also have a robust 'safety net' system in place to regularly review and escalate any outstanding incidents still flagging at 'moderate harm and above'.

Review of Patient Safety Related Incidents - The overall numbers of all reported incidents continue to be above the previous mean and can be seen in our accompanying appendices.

Pressure Ulcers - Patients affected by pressure ulcers developed whilst in LPT care.
The trust strategic pressure ulcer group met in January and noted that data reported up until November 2022 showed all pressure ulcer incidence were within the control limits with both Category 3 and 4 incidences reducing compared to previous month, but no noted statistically significant improvement. The group reviewed data from the last published national in-patient audit and noted similarities relating to prevalence and categories and themes in relation to risk assessment completion, repositioning, and patient information, all of which triangulates with themes from local incident review. The current workplan reflects these priorities The inaugural Joint LPT/NHFT Pressure Ulcer Prevention Collaborative was held in November 2022, focusing on shared learning and joint quality improvement opportunities, scoping improvement ideas linked to our incident themes, and has a carer with lived experience on the group.

Falls - The group have reviewed the new National Audit for Inpatient Fractures Report and are benchmarking LPT practice against the findings and recommendations. Several opportunities have been identified including strengthening the risk assessment process for example by embedding vision assessments and also improving the guidance for post falls checks. The group are looking to improve the communications out to wards and teams through our champion networks and, working with Health and Safety and Moving and Handling teams, to undertake a Chair Audit in CHS and MHSOP, which will help to inform us if we can reduce the risk of some patients slipping out of the chair.

Deteriorating Patients - This is the term used to describe a 'clinical physical deterioration in patients', often initially unrecognised in patients with complex co-morbidities. The deteriorating patient group are working to develop a process so that they consider our recognition and response to the deteriorating patient. The current work includes understanding Human Factors in relation to understand the barriers to escalating patients who are triggering on their National Early Warning Scores (NEWS). A recent review undertaken in CHS has identified that 50% of patients are transferred back to the acute trust during the out of hours period and a group is being convened to review this to understand any learning.

All Self-Harm including Patient Suicide - Self-harm behaviours continue to range from very low harm to multiple attempts by inpatients during individual shifts of head-banging, ingestion of foreign objects, cutting with any implement and ligature attempts being common themes. There is a theme identified in 'In patients' who self-harm on the wards involving the undertaking of therapeutic observations. The national confidential inquiry into suicide suggests the requirement for training and competency of staff undertaking this important intervention. The Executive Director of Nursing/AHP's and Quality has established a trust-wide group to review training, competency assessments process, recording tool, patient engagement during observation and policy. A Group partnership focusing on sharing best practice and quality improvement is commencing with NHFT and representatives from the trust will be joining a national improvement programme. There have been some further incidents regarding delayed disclosure by patients of paracetamol ingestion; the learning themes are highlighted in the Appendices.

Suicide Prevention - A joint Suicide Prevention and Self-harm Lead role has been developed and the Deputy Head of Nursing for the Urgent Care Services in DMH reviewing suicide prevention models to consider best practices nationally. The trust suicide prevention group has re-established and is re looking at their work program, membership and is completing the self-assessment of our provision against the National Confidential Inquiry into Suicide in Mental Health (NCISH), safety and self-harm toolkits.

Violence, Assault and Aggression (VAA) - There was an increase in incidents of violence and aggression in November and December 2022 resulting in patient and staff harm; this is being reviewed by the trust Least Restrictive Practice Group to explore themes and learning. The incidents have resulted in significant injuries to two staff in acute/ PICU inpatient wards.

Medication incidents - Patient safety and pharmacy are working together to maximise the learning from medication related incidents to ensure that learning themes are identified, and system actions implemented, changing culture from incidents being related to systems rather than individuals.

Queries Raised by Integrated Care Boards, Collaboratives, 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 CQC have a process to request additional information in relation to reported incidents which we provide in a timely manner. We continue to work with our other 'commissioners' to provide assurance around our improvement work and progress towards the implementation of the patient safety strategy including the PSIRF.

Learning from Deaths (LfD) - The LfD process is well supported by a Trust coordinator. We still have a vacancy for a .5 WTE learning from deaths clinical lead which is out for recruitment. We have also recruited a bereavement support nurse who will contact all families following all in patient deaths. This is to support the bereavement process however will also invite feedback around the care of loved ones. This is an opportunity for increased quality of after care as well as an opportunity to learn from both positive feedback and areas to improve. This feedback will be shared at the end-of-life steering group in the main and patient safety as appropriate.

Learning Lessons

Sharing Learning and hearing the patient story from incidents - Through PSIG patient stories are used to share learning across directorates. These are discussed at PSIG to ensure we are really focussing on what the learning is with a request for the directorates to proactively own these. This is part of our culture and new way of thinking. The next meeting of the Community of Practice for learning will focus on learning from complaints this will be run jointly by complaints and patient safety on 23rd January.

Patient Stories - Research has demonstrated that staff learn from patient stories. We are increasingly trying to produce storyboards following an incident to ensure that the learning is available to a wider group of staff. There is an opportunity to learn when things don't go so well and equally from when they do go well. Both need us to 'investigate/review' to understand why. What were the system issues circumstances that meant an incident occurred or that care went well. Where there was an incident what is our learning and what do we need to do differently where care went well what is our learning and what do we need to do more of. The Appendices illustrate stories provided by directorates which have been shared within Improvement Groups for cross trust learning.

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, concerns through incident reporting and management and patient safety improvements.

Governance table

For Board and Board Committees:	Trust Board	
Paper sponsored by:	Dr Anne Scott	
Paper authored by:	Tracy Ward Head of patient safety	
Date submitted:		
State which Board Committee or other forum within the Trust's governance structure.	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	
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 QI	X
Organisational Risk Register considerations:	List risk number and title of risk	1.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. 2. Trust may 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:		

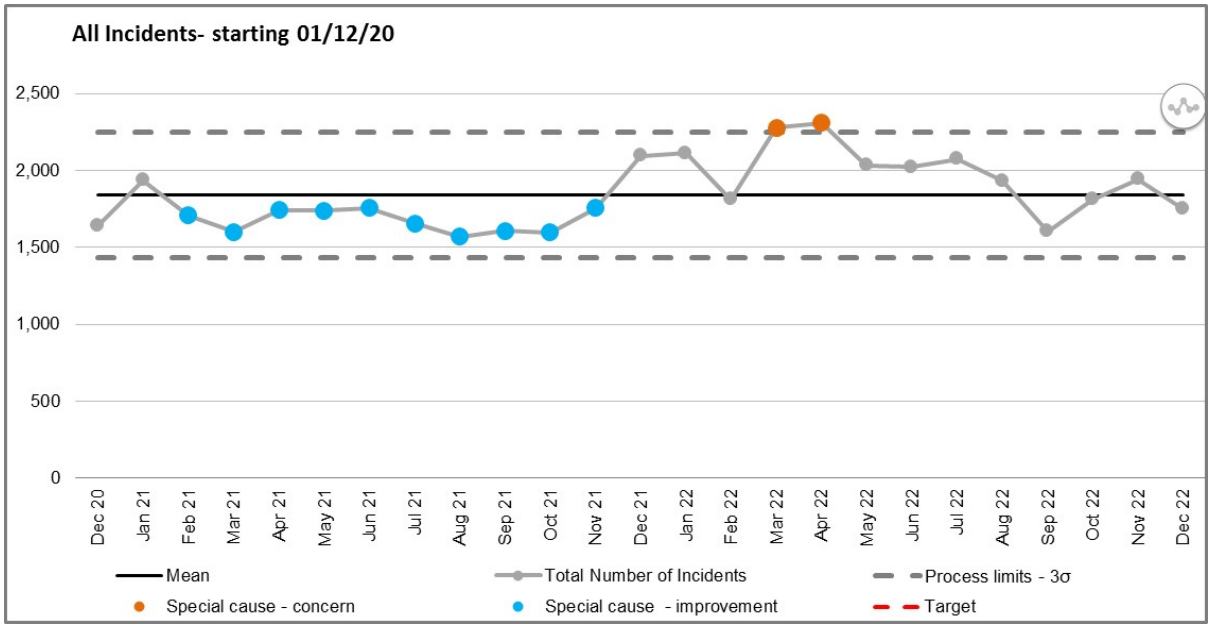
Si

Appendix 1

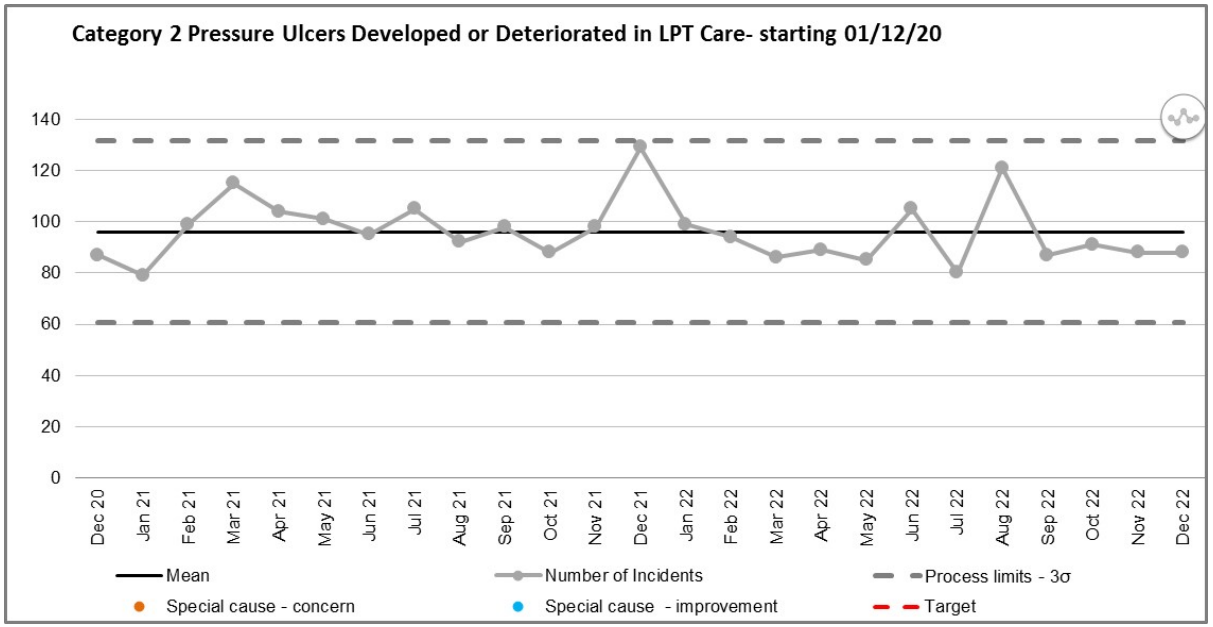
The following slides show Statistical Process Charts of incidents that have been reported by our staff during November/December 2022

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

1. All incidents



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



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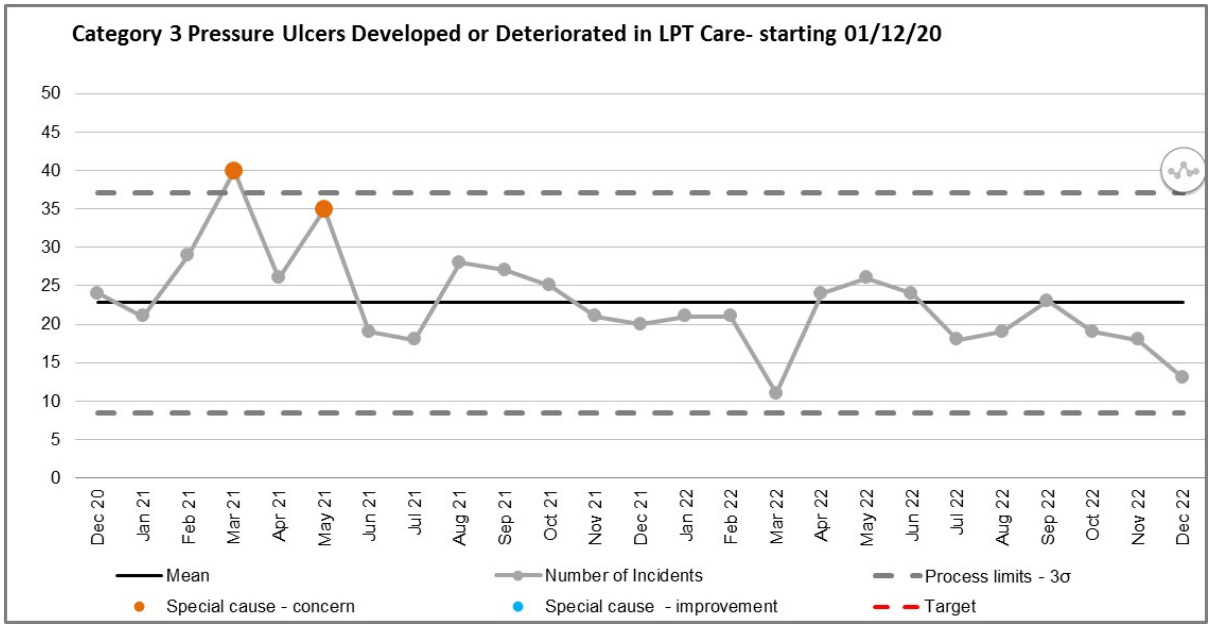
3. Category 3 Pressure Ulcers developed or deteriorated in LPT Care



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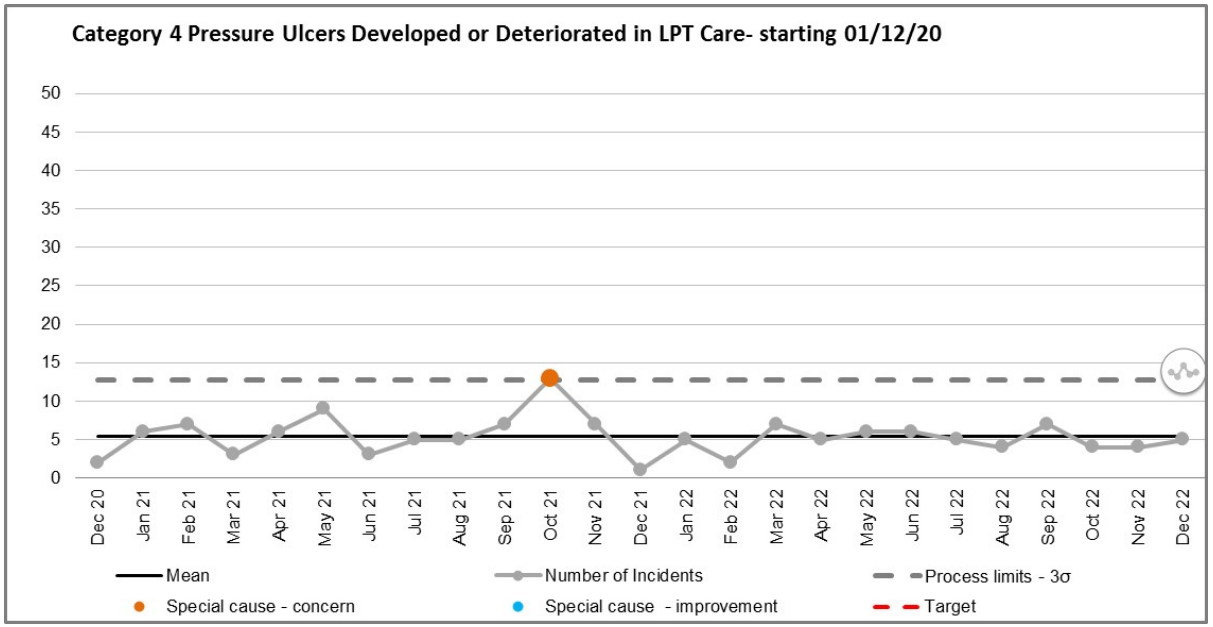
4. Category 4 Pressure Ulcers Developed or deteriorated in LPT Care



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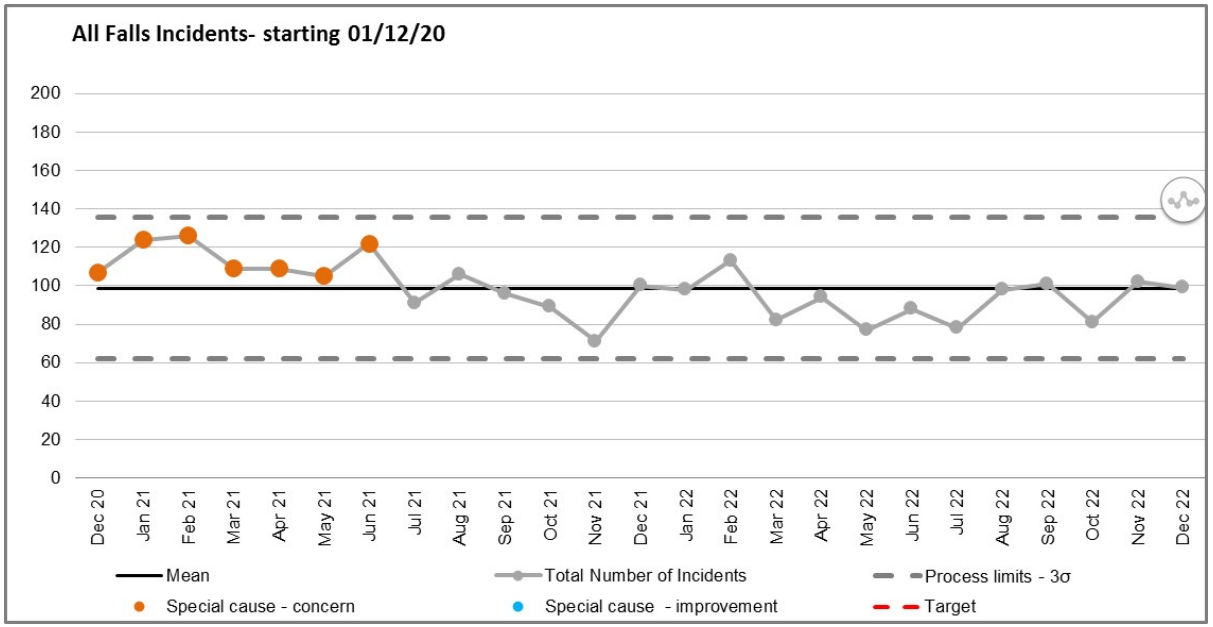
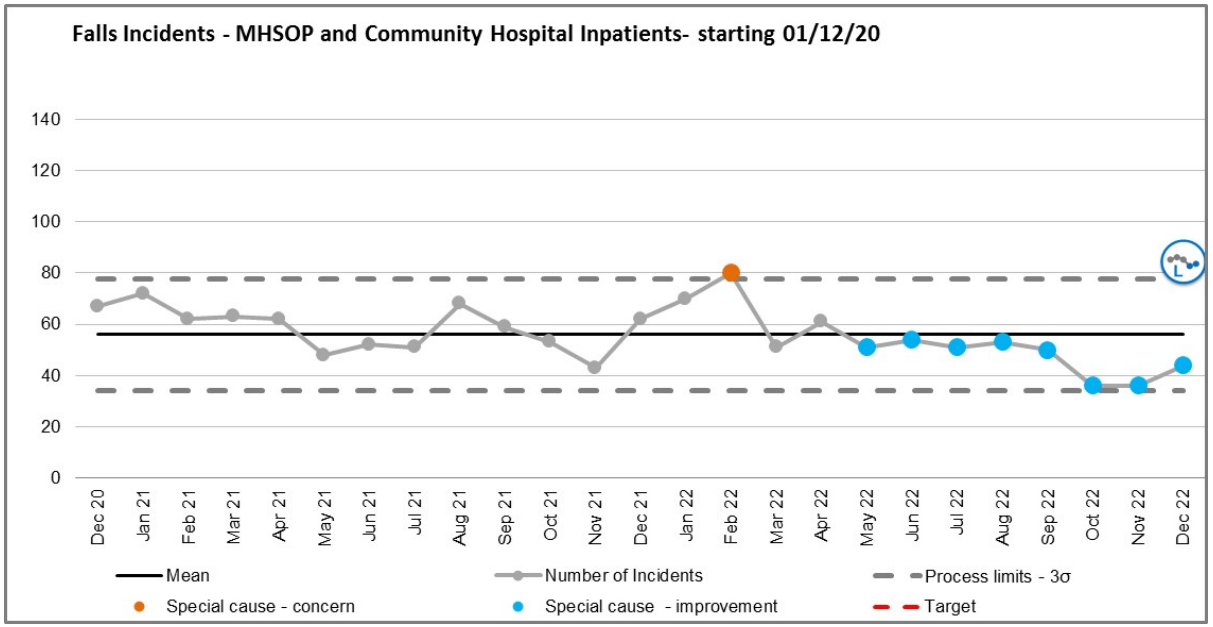
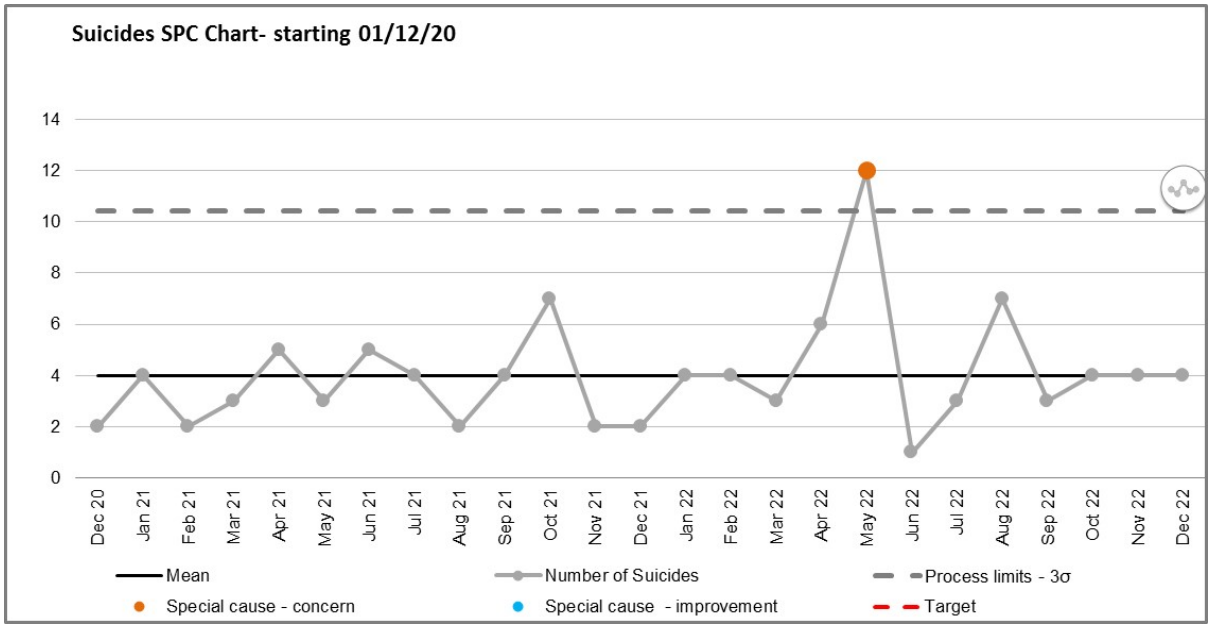
5. All falls incidents reported



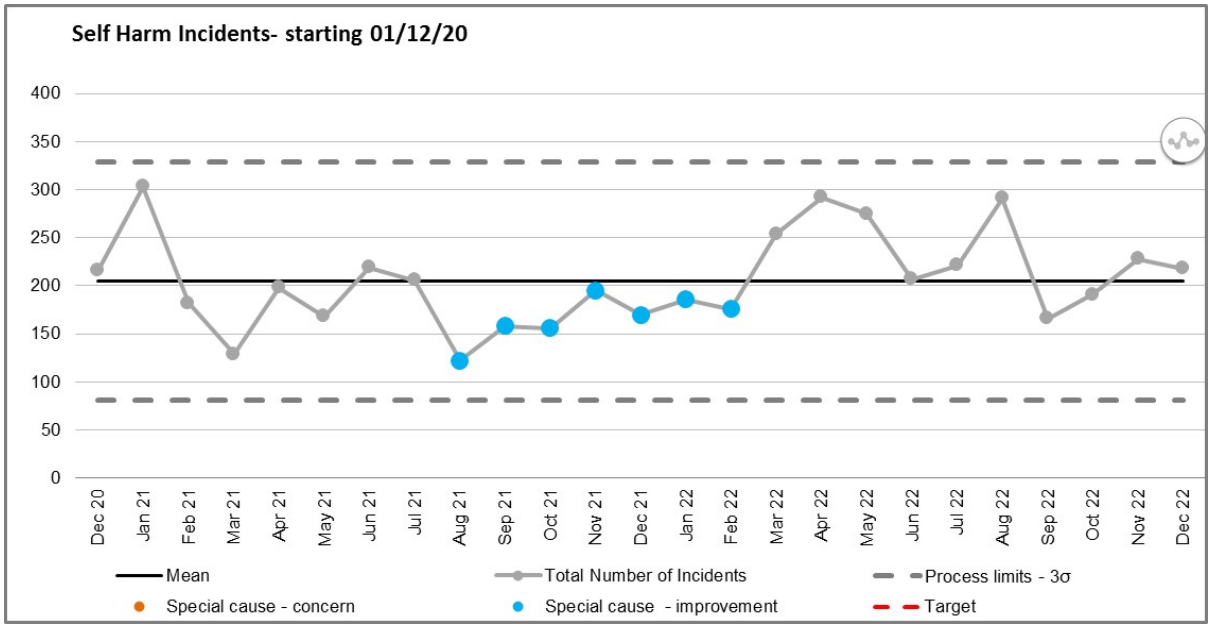
6. Falls incidents reported – MHSOP and Community Inpatients



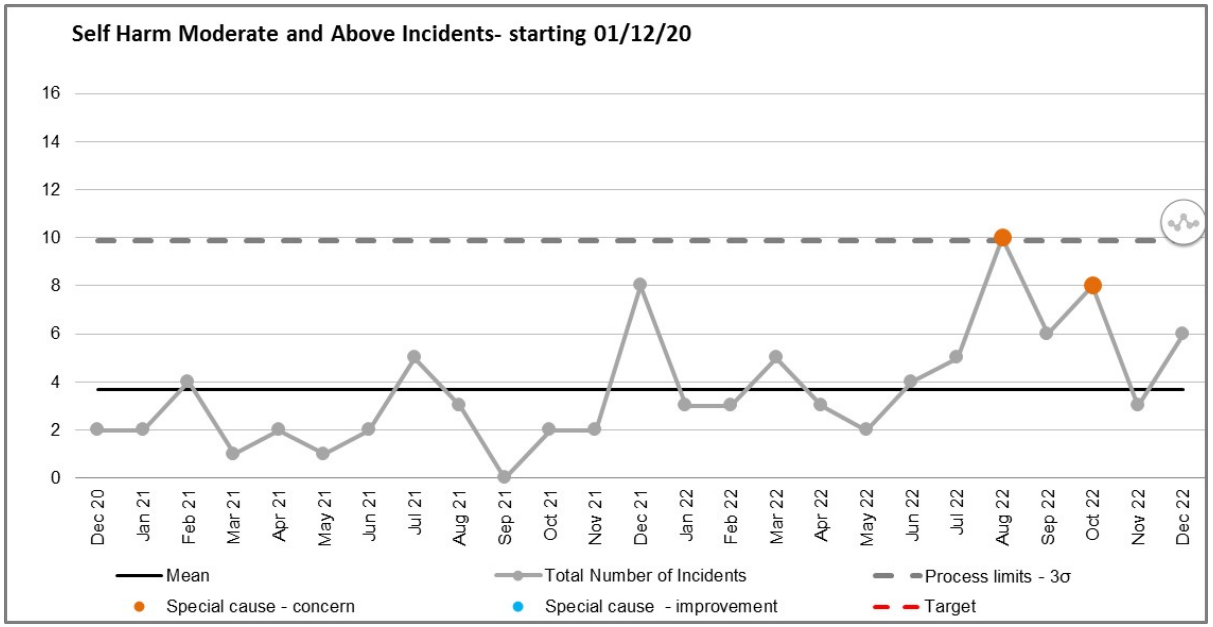
7. All reported Suicides



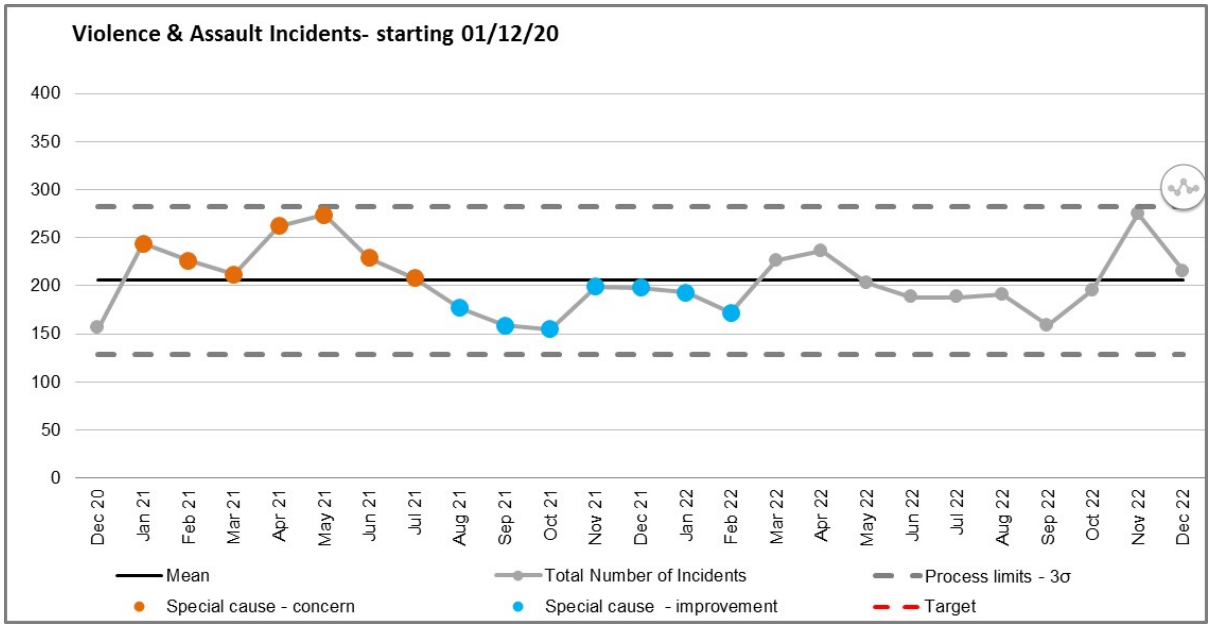
8. Self Harm reported Incidents



8. Self Harm reported Incidents



9. All Violence & Assaults reported Incidents



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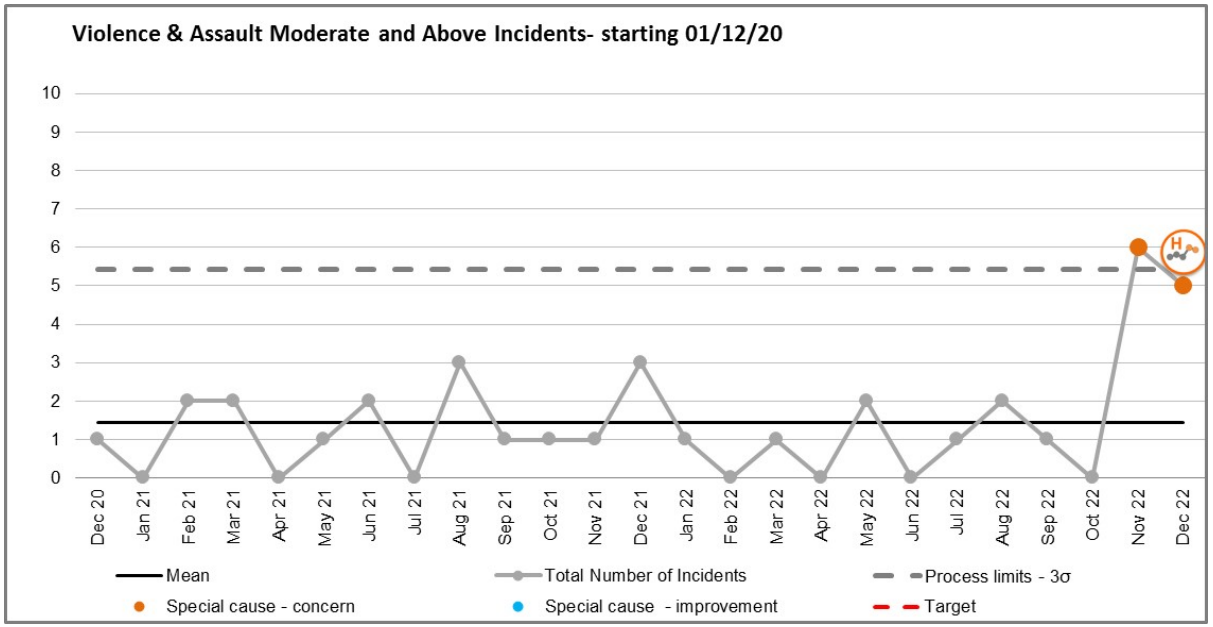
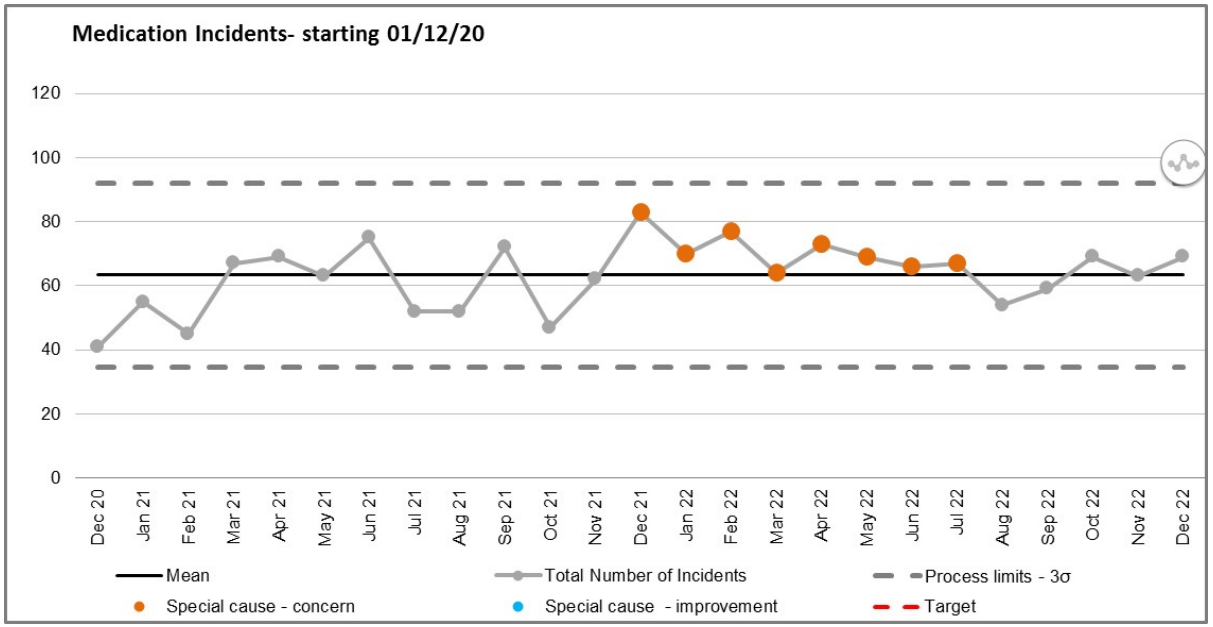
9. Violence & Assaults moderate harm reported Incidents



10. All Medication Incidents reported



12. Ongoing - StEIS Notifications for Serious Incidents

2022/2023 - StEIS Notifications and Internal Investigations									
		StEIS Notifications	SI INVESTIGATIONS				Internal Investigations		
		Downgrade & removal requests	SIs declared DMH	SIs declared FYPC/LD	SIs declared CHS	Signed off in month	DMH	FYPC/LD	CHS
2022/23 Q1	April	0	2	0	2	10	3	3	3
	May	0	3	0	0	12	5	0	4
	June	0	4	1	2	7	2	1	3
2022/23 Q2	July	0	4	1	4	8	4	1	6
	August	0	7	1	1	7	5	2	2
	September	0	3	1	3	10	8	2	9
2022/23 Q3	October	0	4	0	3	4	4	4	11
	November	0	6	0	1	4	6	0	8
	December	0	7	1	2	4	6	2	10
2022/23 Q4	January								
	February								
	March								
YTD			40	5	18	66	43	15	56

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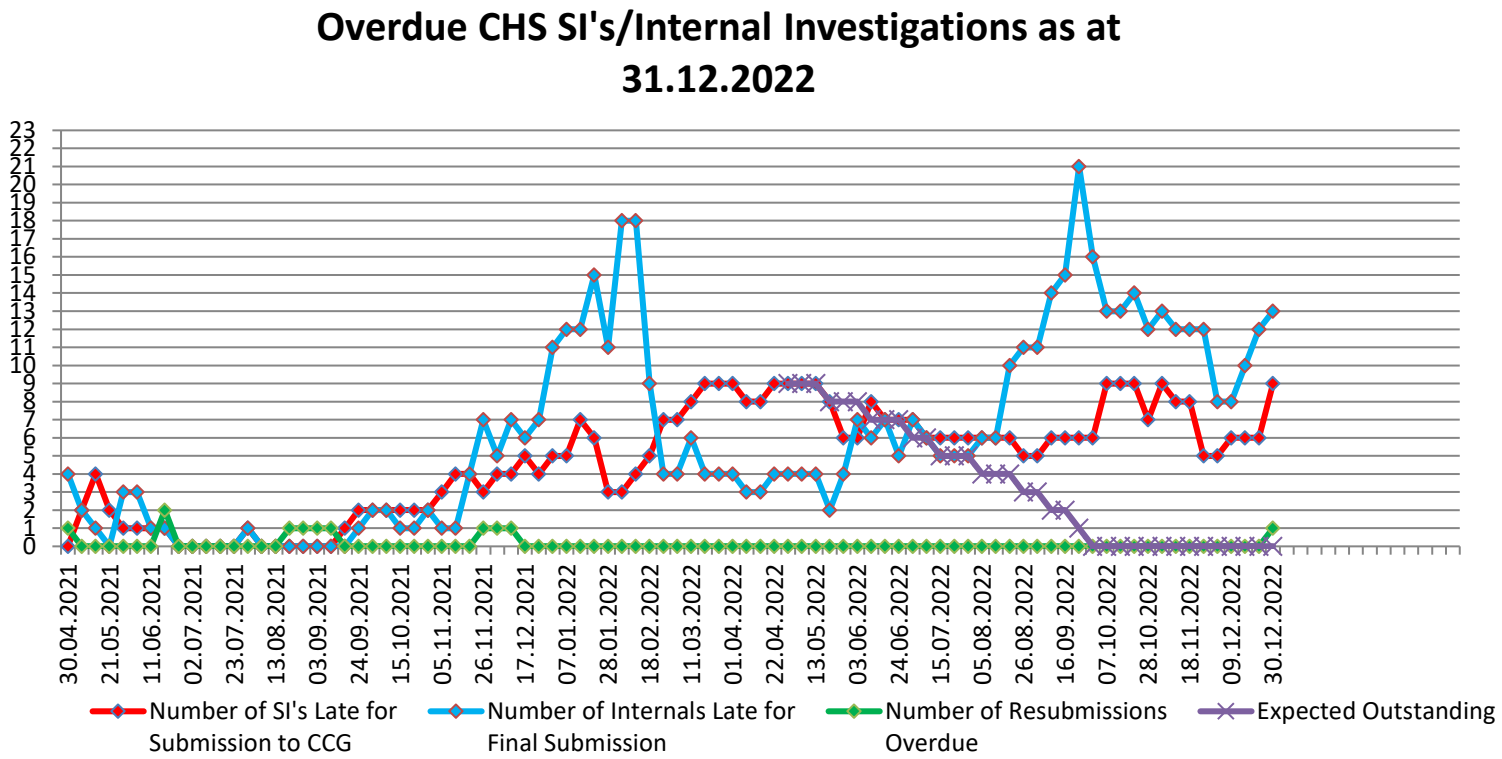
12a. Overdue Serious Incidents/Internal Investigation & CCG resubmissions(includes totals) - CHS



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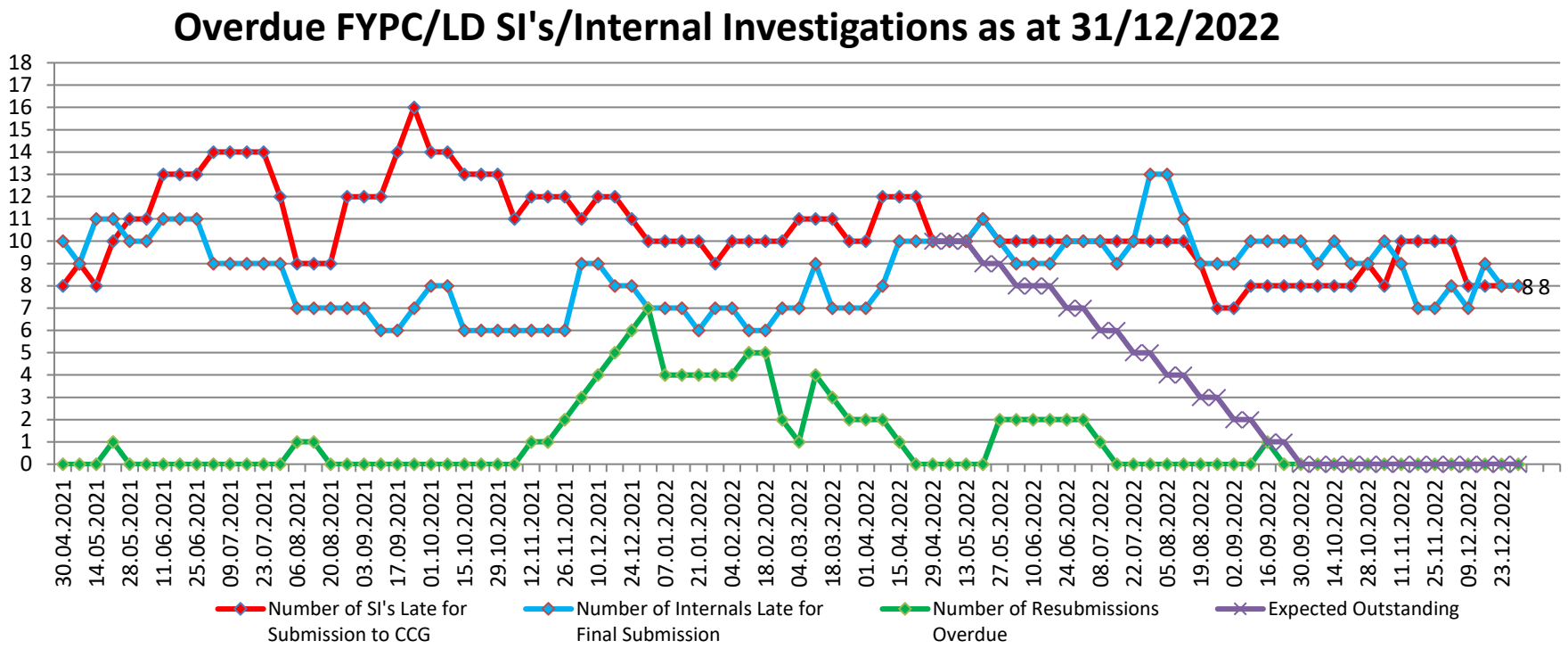
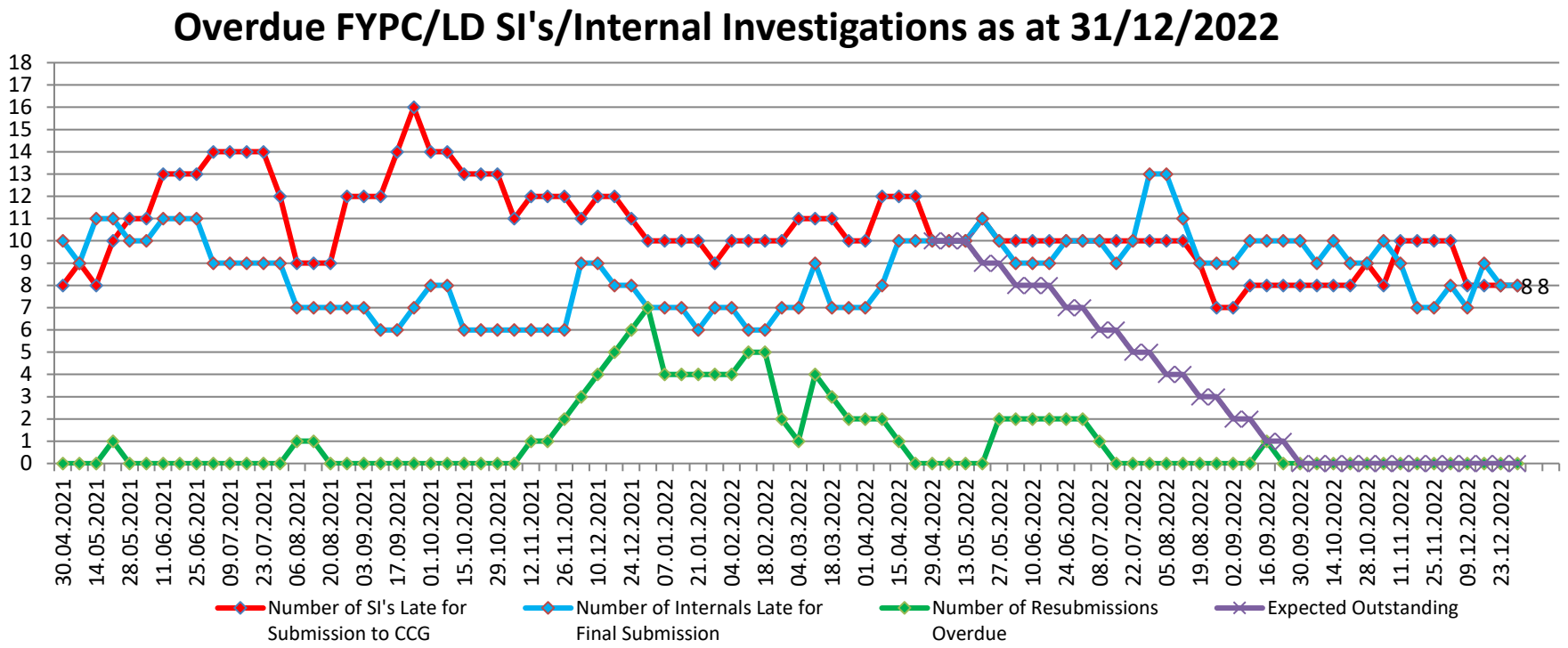
12a. Overdue Serious Incidents/Internal Investigation & CCG resubmissions (includes totals) - DMH



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



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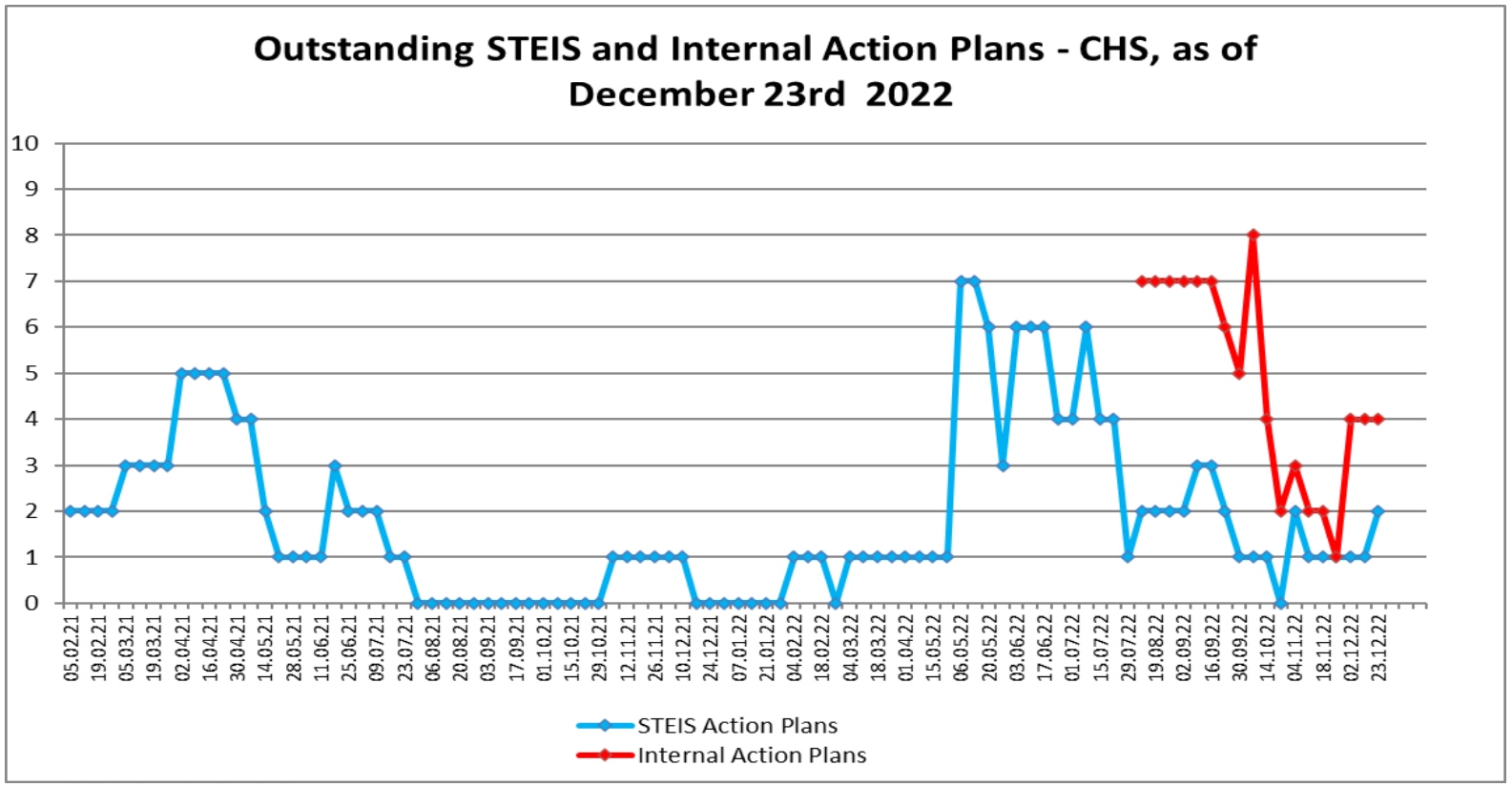
12.b Directorate SI Action Plan Compliance CHS Status 2021/22 to date



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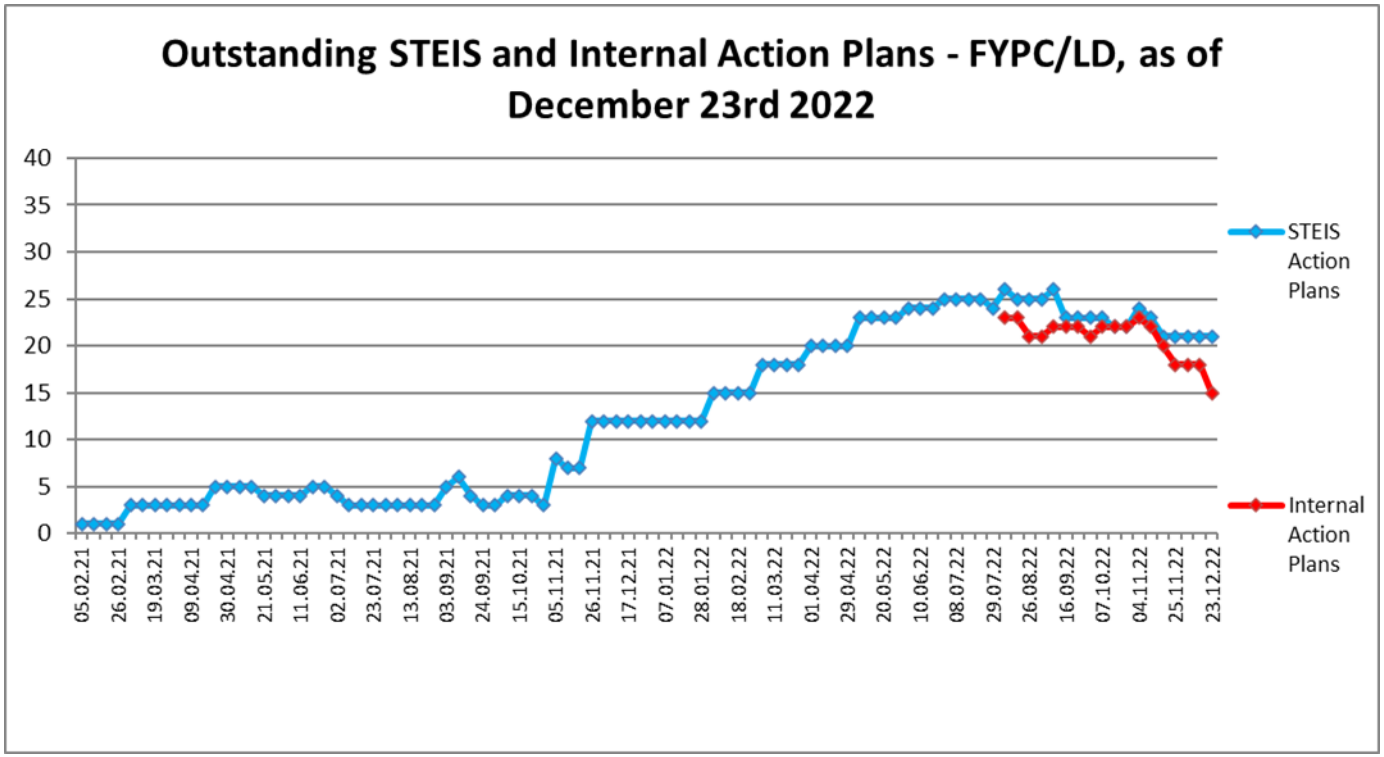
12.b Directorate SI Action Plan Compliance FYPC/LD Status 2021/22 to date



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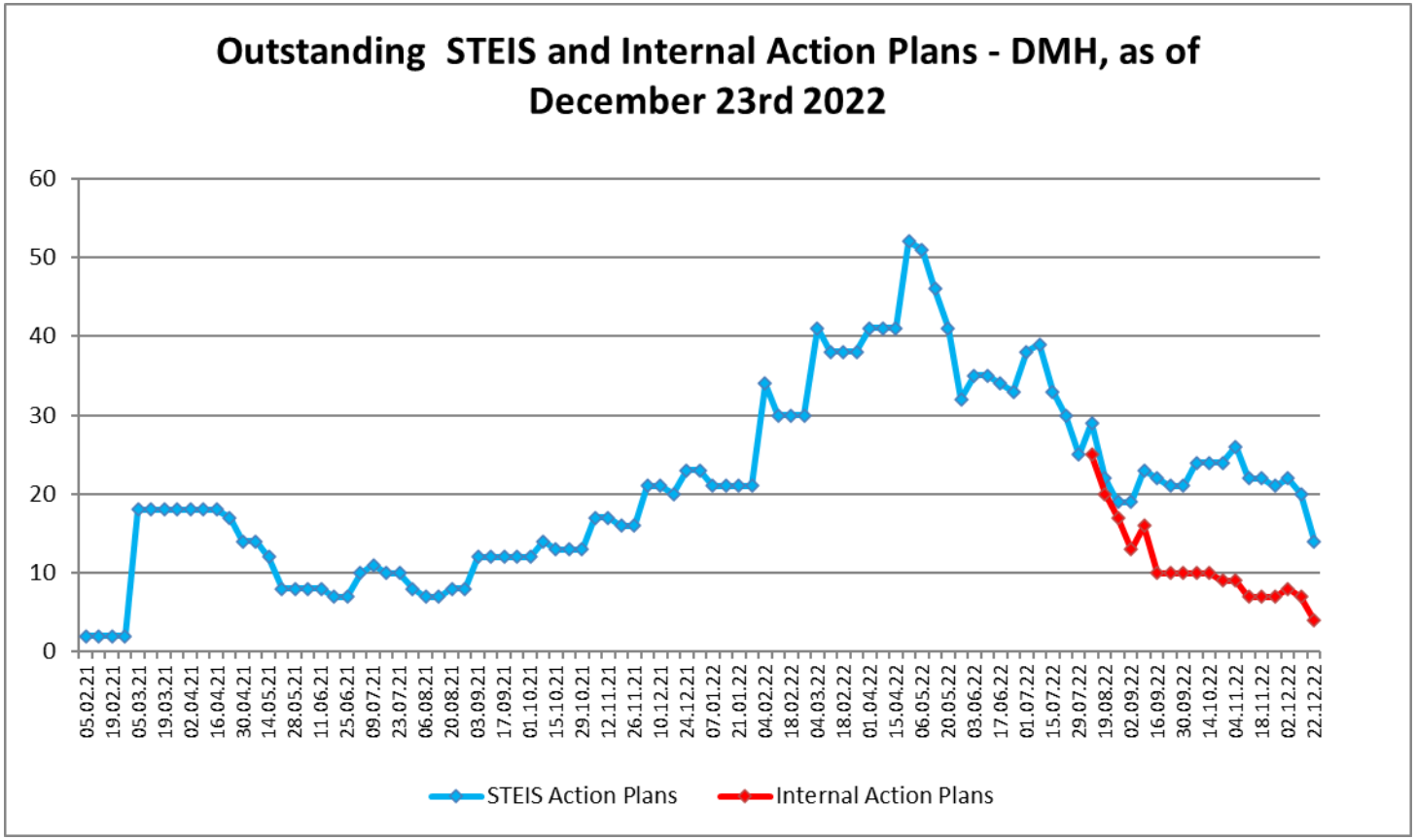
12.b Directorate SI Action Plan Compliance DMH Status 2021/22 to date



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13. Learning from the SI process

As we improve the quality of our investigations the resulting recommendations will be more robust and likely to focus on trust system or process improvements.

This has resulted in directorate teams struggling to oversee and manage these actions – sometimes delaying their action plan closure

Action

- The action plan will now be called an improvement plan
- This is split into two parts for directorate management and corporate oversight
- These corporate actions will be overseen by the most appropriate trust governance group
- Compliance with these will be overseen by the trust Incident Oversight Group (IOG) and reported to the Quality Forum

14. Learning Nov/Dec 2022

Serious & Internal Incidents/Complaints Emerging & Recurring Themes

- There is a repeated theme across the organisation about our engagement with families

Including

- Engaging with families of adults who are inpatients in relation to their mental health care, treatment and recovery– the review identifies that staff are concerned about protecting patients confidentiality however this is described by families as not feeling involved/informed
- Not having next of kin details on file, particularly in Mental Health Services.
- Generally when talking to relatives and reviewing complaints across the directorates there is a theme that our communication is not always consistent and timely

Action- A trust wide piece of work to be commenced to ensure there are clear processes to identify formal NOK, significant contacts and agree the level of communication and ensure there is clear documentation for staff to see what has been communicated, when and with whom

15. Learning Nov/Dec 2022 continued

Serious & Internal Incidents/Complaints Emerging & Recurring Themes

- In October 2022 there was an incident regarding the disclosure by a patient some time after taking a paracetamol overdose and the lack of clarity regarding the process for care and treatment. There have been further, similar incidents in the last 2 months that have highlighted the following themes:

Including

The checking and searching of patients following leave.

- Lack of clarity for staff on the appropriate legal frameworks that support immediate treatment and if a patients capacity to agree to emergency treatment is considered.
- EMAS staff refusing to transfer a patient to the Emergency Department as they have assessed a patient has capacity to understand the consequences of refusing to go and engage in treatment.

Action- A trust wide task and finish group will commence in January 23 to ensure there is clear guidance for staff within the appropriate legal framework to support prompt decision making and actions.

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Leicestershire Partnership
NHS Trust

Patient safety – learning from incidents

Baby R is a 10-month-old infant diagnosed with Hyperplastic Left Heart Syndrome at birth. Following several cardiac surgery procedures at BCH since his birth and spending several months in hospital, Baby R was allowed home from UHL on 27th July 2020 at 7 months of age. Discharge planning was organised between BCH, UHL, and LPT community services as Baby R had been an inpatient at both hospitals.

Mum is a 17-year-old single mother with known previous safeguarding concerns in order to support her to care for a complex child. Support was given to mum from community HENS Nutrition and Dietetics, Healthy Together Health Visiting, SALT, Diana Nursing Service and Cardiac Liaison Nurses.

At the time of Baby R's discharge, no further safeguarding concerns had been raised.

Baby R had a nasogastric tube inserted for top up feeds to maintain a healthy weight. Mum was taught how to perform the nasogastric top ups in hospital to continue top up feeds at home with support from the community services. Mum lived with her grandparents who gave her additional support to care for Baby R.

Baby R was awaiting further cardiac surgeries and had been a very sick baby since birth with poor prognosis. Baby R would make several attempts to pull out his naso gastric tube and following his discharge home, pulled out the nasogastric tube on 2 occasions within 72 hours.

Circumstances leading up to the Incident

When baby R accidentally pulled out the nasogastric tube on Friday evening 30th July 2020, mum rang the community Diana services, who, as usual practice, were closed for the weekend. Mum left a message and was called back the following morning by the health visitor and advised she would need to go to the ED to have the tube replaced as the community service to replace the tube was closed at weekends.

Due to social circumstances, mum did not attend the ED over the weekend and rang the community HENS services on the following Monday morning explaining the situation and requesting the nasogastric tube remain out for a few days as Baby R was taking oral feeds.

Community services HENS made the decision to not replace the nasogastric tube and monitor Baby R's weight to assess if and when the nasogastric tube needed to be replaced.

Due to social circumstances and equipment issues, during this time of having no nasogastric tube reinserted, Baby R did not have an accurate weight measurement for 3 weeks where a weight loss of 700g was recorded at a routine cardiac appointment on 18th August 2022. Baby R was also noted to have poor cardiac function and was admitted to the cardiac unit.

The hospital contacted community services the following day on 19th August 2020 to ask why the nasogastric tube had not been replaced with Baby R losing weight? It was identified that although attempts to weigh Baby R had been made at the GP practice on 13th August 2020, the baby scales were broken and Baby R's weight had been recorded on adult scales with mum holding the baby and then subtracting the mother's weight. Although Baby R's weight was noted as 7.2 kg, a loss of 500g, it was not recorded in Baby R's records as it was felt to be inaccurate, nor was it highlighted as a possible weight loss. Mum reported to the HENS that this weight was unlikely to be accurate as Baby R was feeding orally well and mum felt Baby R was not losing weight.

It was agreed with HENS following the inaccurate weight that the weight would be recorded at the cardiology appointment the following week on 18th August 2020, where mum would inform HENS of the accurate weight.

By the time of this appointment Baby R had lost 700g and become unwell.

Baby R's condition deteriorated and he sadly died in hospital on 10th October 2020.

Due to the length of time taken to complete the investigation, a reflection session with staff did not take place and an internal investigation was completed to identify if and how non- attendance at ED was communicated and followed up by the Diana/HENS Team and any actions that were implemented in response. The investigation would establish how information and concerns about Baby R's condition, feeding, weight and plan of care were communicated across the different services and to explore why a review of weight was not undertaken following the report received by the mum that at the GP practice they couldn't obtain an accurate weight. The measurement given by mum was not recorded in Baby R's SystmOne record (despite potential for inaccuracy due to weighing method) and how this indicated Baby R's weight had declined over the 3-week period.

Emergent Issues

Baby R did not have the nasogastric tube replaced following its second accidental removal. An MDT meeting was not arranged to discuss the implications of the nasogastric tube not being replaced and no MDT decision was made which could have highlighted the more complex needs of Baby R. The decision was made by the community HENS dieticians to monitor Baby R's weight without discussion with MDT.

Immediate Learning

For complex cases where several services are involved with the care of an infant, continued loss of access to a tube for feeding requires an MDT meeting and decision to fully understand all complex needs of an infant to maintain adequate weight gain of an infant with underlying complex conditions. There needs to be a Lead identified within the MDT to make decisions to change existing care plans in place.

Emergent Issues

Baby R's weight was not recorded for 3 weeks following the accidental removal of the nasogastric tube. With such a significant change to the care plan with the removal of the tube, weight should have been closely monitored to ensure there was no subsequent weight loss and an appropriate feeding regime in place.

Immediate Leaning

When there is a significant change in care plan for weight gain such as accidental removal of a nasogastric tube, weight measurements should be monitored and recorded weekly to ensure there is no significant weight loss.

Emergent Issues

Baby R's weight was inaccurately measured at the GP practice. This inaccurate weight was not recorded in Baby R's SystmOne record or highlighted as a potential loss of 500g which could have indicated urgent recheck for accuracy and weight loss monitoring, as opposed to waiting an extra week to record Baby R's weight.

Immediate Learning

Baby R's weight was not monitored on a weekly basis or checked following the inaccurate measurement expressed from mum. There is a possibility that through weekly weight gain/loss monitoring it may have indicated a deterioration in Baby R's health prior to the accurate weight recording 3 weeks after accidental removal of the nasogastric tube revealing a 700g weight loss.

Emergent Issues

Mum is a 17-year-old single mother living with her grandparents. There had been previous safeguarding concerns raised in February and April 2021 about a Section 17 (Child in Need) investigation regarding support for the young mum and Early Help Support was given from BCH. It is unclear from the investigation if Early Help Support was put in place from LPT and it was declined by mum on 30th July 2021 following discharge from hospital on 27th July 2021.

Immediate Learning

Where additional support has been offered but refused by a vulnerable mum with complex infant needs, the service need to maintain close monitoring to both support and to recognise a deteriorating child.

Immediate Actions

HENS Nutrition and Dietetics to put a robust system in place to monitor progress with feeding and to involve MDT where needed. This should include safety netting information to be given to patients' carers/families regarding risk factors and warning signs of deterioration.

Where there are multiple agencies involved, teams are to identify who is taking the lead with complex needs for sick children to avoid individual decision making.

Diana and SALT to be made aware of how to utilise the task functionality in SystmOne and gaining consent to share information to support teams with sharing information. This will be done through SystmOne training and a flowchart or quick reference guide to support sharing across the Directorate/Trust.

To ensure the processes in the event of a nasogastric tube accidentally coming out are robust. This should include a documented MDT decision to remove or replace a Nasogastric tube and weight to be recorded in 1 week to ensure the infant is gaining weight and feeds are amended accordingly.

When previous safeguarding and vulnerability factors have been identified, this should be clearly communicated with all services to support with ongoing safeguarding and professional curiosity. This includes improved communication between UHL Safeguarding Team and LPT Safeguarding Team of previous and current safeguarding concerns.

Further Learning/Sharing

Patient story to be shared with UHL Safeguarding Team for wider learning and to support with improved communication on previous and current safeguarding concerns.

Leicestershire Partnership NHS Trust

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Patient safety – learning from incidents

Introducing Doris (not her real name).

Doris is a retired 79-year-old lady who moved to England in 1965. She is known to Mental Health Services for Older People who lives with schizoaffective disorder. She has complex physical health needs alongside her mental health needs. She was admitted under section 2 of the Mental Health Act 1983 to a functional inpatient ward for a period of assessment and treatment for her schizoaffective disorder. Doris has had a number of falls over the past few years and was given mobility aids whilst in the community, however she has been reluctant to use this of late.

What happened.

Doris was admitted under section 2 MHA 1983 in January 2022 due to a deterioration in her mental health. Doris also has complex physical health conditions, which includes deranged liver function, which was identified in the community prior to her admission to hospital.

On the 15th of February 2022 Doris sustained a fall, which resulted in a swelling on the right-side of head. Medical assessments were completed by the junior medical team on the ward. As part of the assessment the medical team contacted a Geriatrician Consultant to discuss Doris's presentation. The discussion concluded that a transfer to Emergency Decisions Unit (ED) would not add anything further to Doris's care at that time, which, given her mental health and presentation, was entirely reasonable and appropriate. It was concluded that ED would not have provided any further medical intervention that could not be achieved whilst allowing Doris to stay in the ward which was familiar to her.

Doris sustained a second fall the following day on the 16th of February 2022, which resulted in a suspected fracture to her left radius and ulnar (wrist) which was confirmed on the 17th of February 2022 following an Xray.

The junior mental health medical team assessing Doris recognised the risk factors in her history for fragility fracture and acted on this accordingly. Doris was supported to attend ED to be able to receive the specialist care and treatment she needed to treat her injury.

The investigation recognised that empowering junior medical staff to consider what is in the “best interest” of a patient in the wider circumstances, and consideration of other routes of investigation and observation, was good practice which should be encouraged, whilst seeking the advice of senior clinicians if unsure or unclear about the best course of action to take.

The investigation considered all the factors which may have contributed to Doris sustaining falls, including, physical health, environmental factors and prescribed medication. The falls Doris sustained were felt to be more likely as a result of her deteriorating mental health and agitation alongside a reluctance for her to use the mobility aids she had been prescribed. The investigation considered the psychiatric medication Doris had been prescribed, as this is known to increase the risk factors of falling, however, concluded that the falls were of a mechanical nature and not as a result of any medications she was prescribed to treat her mental health condition, which were being monitored and reviewed daily.

Furthermore on discussion with the Consultant Geriatrician, they did not raise any concerns or indicate that Doris’s medication regime was a significant contributory factor in either of the falls. The ward medical team showed evidence of balancing the risk of treating Doris’s psychosis whilst monitoring the risk of abnormal LFT’s.

Record keeping for medics were of a high standard however nursing records were found not to be adequate. Risk assessments and incident forms were completed in line with LPT falls pathway. At the time of the

Learning from the Incident.

- The conclusion of the investigation was that the falls Doris sustained could not have been prevented, and the risk of her falling was documented from admission.

As a result of the investigation further learning was identified:

- There were no adequate and comprehensive documentation recorded on SystmOne., from a nursing perspective, to determine the circumstances of the falls when they occurred on 15th and 16th of February 2022
- There was no evidence that neuro observations had been attempted following the falls
- Doris was declining to have her observations recorded, and Doris's decision not to accept physical observations were not routinely recorded
- Not all staff were competent and understood non-contact observations, an alternative method of assessing physical health observations without the need to close contact. This should be considered if a patient is non-concordant to care and treatment which was evident following both falls.
- To ensure that discussions surrounding risk assessments and therapeutic observation levels are documented in patient records including any changes to care, intervention or therapeutic observations levels. These should be reflected in care plans, risk assessments and shared handover documents.

How we improved.

- The non-contact observation policy has been adopted by the deteriorating patient group to ensure all staff are trained in recording non-contact observations as required
- Nursing documentation is reviewed on a monthly basis to ensure consistency and accuracy in record keeping
- Staff have participated in bite size training sessions and refresher sessions to support staff in improving the quality of their documentation
- Patients with a known risk of falls will follow the falls pathway and post fall huddles will be carried out to ensure immediate learning and actions are carried out following falls
- Therapeutic observation levels are reviewed with the daily board round which considers incidents and patients incidents from the previous 24 hours. Therapeutic observations are discussed and considered whilst balancing patient safety and risk management with maintaining least restrictive care.

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Patient safety – learning from incidents

Patient story

Introducing Bhawan:

Bhawan is an 85 year old man who lived at home with his wife, son and daughter-in-law. His wife supported him with all his activities of living including washing and dressing, shopping and provision of meals. He previously mobilised independently with a stick and rarely went outside his house.

He is a type 2 diabetic with hypertension. He has previously had a myocardial infarction, CVA and age related macular degeneration.

He was admitted to the acute hospital following a fall at home and subsequently transferred to Charnwood ward for rehabilitation with a view to being discharged home with the ongoing support of his family.

Emergent issues

08.10.22

One week after this admission, Bhawan was found to have an underlying urinary tract infection and went into urinary retention possibly due to his enlarged prostate. This then led to an episode of suspected sepsis for which he was referred to the GP OOH service. The management plan included; treatment with antibiotics, blood cultures were sent and IV fluids commenced, catheter inserted to resolve retention of urine.

09.10.22

Blood results were received the following day for the GP Out Of Hours (OOH) to review: the impression was hyponatraemia. The management plan was updated as follows; monitor urine output, continue IV fluids and antibiotics and monitor for possible seizures and to escalate any concerns immediately.

10.10.22

The following day Bhawan was reviewed by the Advanced Nurse Practitioner and it was noted that his temperature and tachycardia (fast pulse) were settling and a management plan: to continue with IV antibiotics and if temperature raised again, to contact GP OOH to prescribe a different antibiotic called Meropenem.

In response to the Home First Form being referred as part of his discharge plan from the ward, the Home Assessment Reablement Team (HART) team called and offered to commence a package of care once a day to meet his care needs commencing on 15.10.22

11.10.22

Doctor ward round; OOH notes were reviewed. Management plan changes; IV antibiotics changed to oral as patient now alert, sat in his chair and it is noted in his S1 notes that he appeared alert and well. He was reviewed by the Occupational Therapist on this day too and his discharge plans were discussed with his son with his permission. The discharge plan remained in place to return home 3 days later with care package to commence the morning after his return.

12.10.22

Whilst attending to another patient on the ward, the call bell alarmed and Bhawan was found by staff lying by the side of another patient's bed: he had an obvious head injury as sustained wound which was bleeding and also had suspected fracture as complaining of pain in his right arm.

First aid administered to head wound, full assessment completed and 999 called at approx. 2am.

An hour later, 999 re contacted as wound still bleeding and urgent transfer required as NEWS score 3.

At 03.21am Bhawan became more confused and agitated in behaviour and large haematoma now noted to head which was still bleeding. At this point, the patient had got himself up from the floor and was moving around. The nursing team tried to advise him to stay still but given his confusion, he was unable to concord with advice and therefore, the nursing team called 999 again.

04.10am Bhawan got himself into bed and analgesia was administered as prescribed. Glasgow Coma Score (GCS) now 14 (15 is normal) due to new confusion: he had become less compliant and National Early Warning Score (NEWS) had increased to 5 (normal 0). The nursing team called 999 again.

04.30am Telephone call received from ambulance team – they apologised and informed the nursing team that at that time, they had 88 category 2 calls to attend: one of which was 35 year old at home threatening to hang himself and had already been waiting 8 hours. Bhawan was reported to be low

Emerging Issues contd.

It was explained to the ambulance crew that patient had been waiting 4 hours, the community hospitals do not have a medic in attendance and he needed a CT scan as matter of urgency. Team lead apologised but said that there were no ambulances available but to call back if he deteriorated. The nurse advised that she had already called 4 times for that very reason.

05.00am The ward team spoke to on call manager to escalate to director on call. Half an hour later, the response was given to contact GP OOH. The OOH GP advised that all ANPs were currently out on visits and if he were to send a medic that the 999 call may be de-escalated? He also said if ANP was dispatched that they could only advise calling 999? Patient GCS at this point was 13/ NEWS 3

06.00am Spoke with EMAS service operations manager who advised ambulance should be available in next half an hour. At this point, the patient's wife was called.

06.36am Ambulance arrived on the ward: patient had been sat with nursing staff for last 2 hours at the nursing station on the ward. Patient's wife informed of transfer.

Outcome; ANP spoke with ED ANP

CAT scan result – NAD

X-ray result - NAD

Results shared with family. Patient admitted to acute hospital.

Changes to practice following the lessons learnt

It is to be noted, that in this instance, the ward nursing team followed the correct procedure in terms of completing the SBAR tool and maintained the safety of the patient in line with policy and procedures as far as he tolerated until the ambulance arrived.

- The team recognised the value of contemporaneous documentation: the patient record helped to tell his story following the incident
- The team recognised the value of adhering to patient observation escalation schedule, for example when patient NEWS score triggered that they call for medical advice, this was followed
- The team recognise the value of contacting Out of Hours manager for advice when they were concerned for patient's wellbeing and the importance of good communication across the system to support the patient's wellbeing
- The team recognise the value of a good medical management plan
- The team recognise the value of keeping family informed
- The team recognise the value of sharing their experiences to support other teams who may experience similar situations to prevent further occurrence and welcomed the appreciation showed by the senior team for their efforts in such a challenging circumstance.

The delay in transfer of a patient to the acute hospital for medical attention is not an isolated incident and the challenges around demand versus capacity faced by EMAS are well recognised across our community hospital wards. This patient's story is of valuable learning to all community hospital ward teams in relation to best practice on how best to manage a delay in transfer and has therefore been shared with all ward staff teams.

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Leicestershire Partnership NHS Trust

Finance and Performance Committee – 20 December 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:
Organisational Risk Register	High	FPC noted the risk score for ORR 81 *(the Trust's 2022/23 financial position)* had reduced this month, the original scoring was on the inability to deliver the organisation's financial plan however, the plan was being reviewed and was more likely to be delivered. Discussion also focused on ORR 83 *(restricted access and use of electronic patient record systems)*, a few technical issues with hand held devices to record MHA compliance requirements and access to WiFi may detrimentally impact on the risk score.	All
Access Delivery Group	High	FPC approved the terms of reference for the Access Delivery Group which had replaced the discontinued Improving Access Committee to provide a clearer focus on managing performance and improvement trajectories.	75
Transformation and Quality Improvement Delivery Group	N/A	The highlight report from the meeting held on 8 November 2022 was presented for information. Assurance was provided there were plans in place to address the amber RAG rated items.	N/A
Director of Strategy and Partnerships Update - verbal	N/A	Discussions were taking place with commissioners around extending the School Age Imm and Vac Service for a potential two years.	64
Director of Finance Update - verbal	N/A	Planning guidance was expected to be received on 22 December, a summary of key points would then be provided to this committee.	N/A

Agenda Item:	Assurance level:	Committee escalation:	ORR Risk Reference:
Finance Report – Month 8	Low	Key issues to note at month 8 2022/23 were; • A net I&E deficit of £2.2m was reported for the period. This was an adverse variance of £1m from the planned deficit of £1.2m. • DMH was c£4m overspent which was an adverse movement of £700k from month 7, LD was reporting an overspend of £100k, FYPC a break even position and CHS an overall underspend of £400k. • Enabling and hosted services were underspent by £500k, estates services had moved from an underspend to breakeven position. • A £3.5m deficit forecast outturn position was being forecast which was an improved position to the £5.2m position reported at month 7. • The ICB was projecting a £17m deficit across the LLR system and a review was taking place with partner organisations and NHSE. • Total agency costs for month 8 were c£2.7m which was slightly below the average for the previous 8 months but still higher than the £2.2m average of 2021/22. • Core services agency spend had reduced in all clinical directorates this month. • The capital position highlighted that £1.4m schemes had been deferred to next year, but NHSE had given the Trust an additional £500k allocation. • Cash, Cost Improvement Plans and Better Payment Practice Code were all delivering on target. An update on the financial position of the clinical directorates was received, FPC acknowledged the significant challenges associated with medical staffing. In-depth discussion took place around ways to address the issues of recruitment and retention of medics.	81,85
Capital Management Committee	N/A	The highlight report of the meeting held on 9 November 2022 was presented for information, there were no specific areas of concern.	81
Business Pipeline – Bids & Tenders Update	High	Work on a section 75 agreement that would enable LPT to continue to deliver the 0-19 Healthy Child Programme for LCC was progressing well. Public consultation would take place January to April 2023, the contract start date was 1st October 2023.	64

Agenda Item:	Assurance level:	Committee escalation:	ORR Risk Reference:
Performance Report - Finance and Performance Metrics	Medium	Key issues to note at month 8 2022/23 were; • Q2 CQUIN data had been published this month and the majority of indicators were being delivered. • 72 hour follow up after discharge performance was above target, the first time since March 2022. • CHS CINSS and Continence Services had improved and were in line with trajectories. • FYPC performance for Childrens and Young Peoples access routine had dropped to 54.9%, this was the lowest this year. • The trend for over 52 week waits had reduced except for CAMHS and LD. • Performance for delayed transfers of care was at 5.9% which was a worsening position.	68, 69, 72, 75
Beacon Unit Post Project Evaluation (PPE)	N/A	FPC approved submission of the PPE to the DoH but agreed that an update on financial sustainability of the project should be reported to a future meeting. Discussion focused on the issues and benefits of commissioner collaborative projects.	N/A
CFO Strategic Estates Update - verbal	High High	Medical Devices Out of Service Date The number of LPT owned assets out of service date had again reduced this month by a significant amount. Facilities Management Transformation The close down report on the facilities management transfer from UHL was presented. The only issues highlighted related to soft FM, the first was the number of vacancies still to be filled, mainly for the cleaning service. The other issue was an action plan had been developed for implementation of the National Standards of Healthcare Cleanliness by 31st March 2023 as they had not been implemented by UHL.	87
Patient Led Assessment of the Care Environment	High	FPC noted the positive outcome of the assessment and approved submission of the summary position to NHS Digital.	N/A
Estates and Medical Equipment Committee	N/A	The highlight reports from the meetings held on 19 October and 16 November 2022 were received for information. The only issue to highlight was that ORR 65 (*hard and soft FM provision)* had been closed and replaced with ORR 87 *(unknown issues based on historical maintenance*) to reflect current issues for estates and facilities services.	66, 67, 83, 87

Agenda Item:	Assurance level:	Committee escalation:	ORR Risk Reference:
IM&T Committee	N/A	The highlight report from the meetings held on 31 October and 18 November 2022 were presented for information. There were no specific issues to highlight.	N/A
Data Privacy Committee	N/A	The highlight reports from the meetings held on 11 October and 8 November were presented for information. FPC noted the red RAG rated item relating to the metric for TSPPD, assurance was received the issue was being addressed.	79
Review of ORR	N/A	FPC agreed the relevant ORR risk would be reviewed to ensure it captured all the issues raised around medical staffing.	All

Chair of Committee:	Alexander Carpenter, Non-Executive Director

Leicestershire Partnership NHS Trust

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Finance Report for the period ended **31 December 2022**

For presentation at the **Trust Board** **31 January 2023**

Contents

Executive Summary and overall performance against targets

1. This report presents the financial position for the period ended 31 December 2022 (Month 9). A net income and expenditure deficit of £2.5m is reported for the period. This is an adverse variance of £1.6m from the planned YTD deficit of £0.9m.
2. The in-month position reflects an adverse movement in the net I&E position of £0.3m since November. Whilst the underlying position still reflects a significant deficit, one-off mitigations (including interest receivable higher than plan) are reducing the impact of the monthly deficit.
3. Within the overall month 9 position, net operational budgets report a £3.7m overspend. Directorate overspends include DMH (£4.7m) and Estates and FM services (£0.2m). CHS and Enabling services are underspending by £0.7m and £0.6m respectively. The remaining services are at or close to break-even.
4. Central reserves report a temporary favourable variance of £2.1m (decreased from £2.2m last month) which partially offsets the £3.7m operational deficit, resulting in the overall net Trust deficit variance against plan of £1.6m.
5. Closing cash for December stood at £32.6m. This equates to 41 days' operating costs.

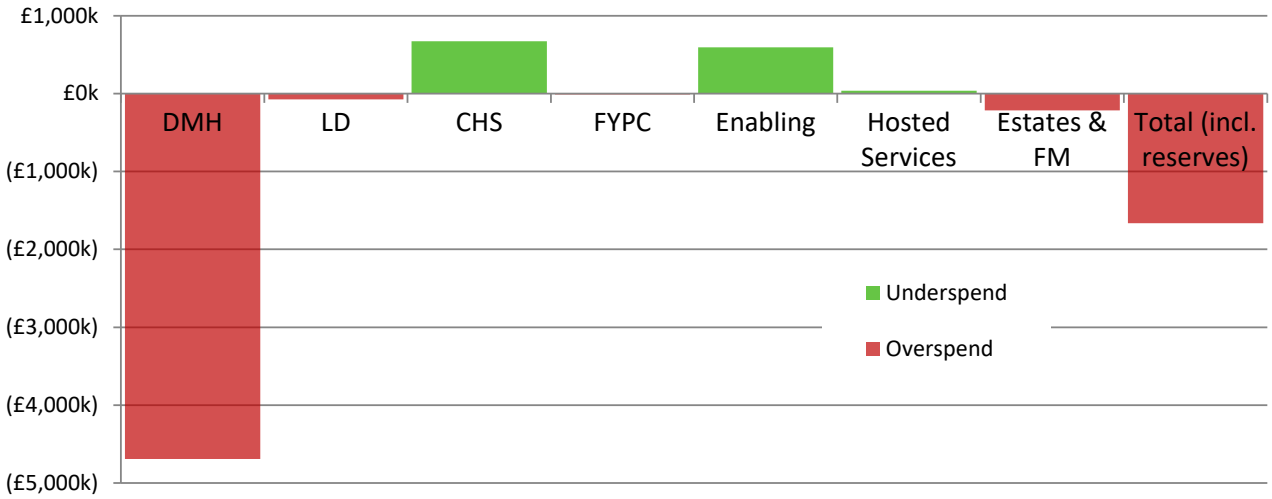
Performance against key targets and KPIs

NHS Trust Statutory Duties	Year to date	Year end f'cast	Comments
1. Income and Expenditure break-even.	R	R	The Trust is reporting a financial deficit position at the end of December 2022. **[see 'Service I&E position' and *Appendix A*]**. The year end position is now forecast to be a deficit of £2.9m
2. Remain within Capital Resource Limit (CRL).	G	G	The capital spend for December is £11.8m, which is within limits. The likely year end forecast is also within the limits for the year.
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 current cash level is £32.6m. The year-end forecast is £24.4m.

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 of the BPPC targets in December.
6. Achieve Efficiency Savings targets.	G	A	Efficiency savings performance at M9 is £93k short of the £3.0m target. The forecast for the year is a shortfall of £292k against the annual target of £5.6m (95% delivery)
7. Deliver a financial surplus	n/a	n/a	The NHS Financial framework currently assumes no requirement to deliver a financial surplus (only a 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)	A	A	This former national metric is not currently being used for formal reporting purposes. Estimates suggest that based on current performance the Trust would be achieving a low 2 / high 3 rating (the I&E deficit being somewhat offset by a strong cash balance)
9. Achieve retained cash balances in line with plan	G	G	A cash balance of £32.6m was achieved at the end of December 2022. The cash level is forecast to be £24.4m at the end of the year, £1.3m above plan. **[See 'cash and working capital']**
10. Deliver capital investment in line with plan (within +/- 15% YTD planned spend levels)	A	G	Capital expenditure totals £11.8m, 25% below planned levels of £15.8m. Lower than expected property leases is mainly responsible for the variance. **[See 'Capital Programme 2022/23'].**

Income and Expenditure position

The year to date plan assumed a £0.88m deficit for M9. The actual deficit is £2.54m – an overspend against plan of £1.66m. The total overspend against plan includes a net operational overspend of £3.67m, partially offset by a reserves underspend of £2.02m. The reserves position includes the impact of some of the mitigations / recovery actions also reflected in the year end forecast, where these are already delivering savings. The operational overspends / underspends are shown in the table below:



Additional analysis of directorate performance

The Mental Health directorate is overspent by £4.7m for the period to end of month 9. This is an adverse movement of £713k from month 8. The movement is mainly due to nursing agency and locum expenditure. Nursing Agency and Locum spend to date is £8.1m and £3.4m respectively. Non-pay spend increased this month due to out of area placements, Housing Enablement and Training costs. The training costs were covered by additional HEE income received.

The FYPC financial position at the end of December was a £10k overspend which was in line with the previous month. The CAMHS inpatient budget position improved during month as agency costs fell and increased occupancy improved the income position. Agency on Langley ward also reduced during the month. Medical locum costs remained high and are not expected to reduce in the remainder of the year. The Healthy Together Services continued to show vacancies and have therefore reported an underspend against budget. The non pay budget overspend continued to increase as a result of pressures particularly related to Cytogenetic and pathology costs within Community Paediatrics and Medical equipment within the Diana service. FYPC efficiency schemes were fully delivering against plan at the end of the month.

The LD financial position at month 9 reported an overspend of £75k. This continued the improvement seen in previous months and reflected the continued vacancies within community services, and the improved financial position within the Agnes Unit budget. Following an agreement with the ICB, a further Pod was opened at the Agnes unit in December and the Extra care suite was also utilised to support patient care. Whilst this resulted in agency staff increases, the agreement with the ICB allows these costs to be recovered from them. Non pay costs were maintained within budget in the month.

The CHS directorate is reporting an underspend of £674k for the period to the end of December. As anticipated, the position has improved further by £280k from the previous month due to the inclusion of income relating to the surge ward. Although the overall agency and bank costs increased during December, this was expected and budgets have been profiled accordingly to match the increased spend over the holiday period, thereby having minimum impact on the directorate's financial position. There was further favourable movement due to the receipt of funding for the Lymphoedema and INR services where recruitment to the vacant posts is still in progress. Although the directorate position is underspent, it should be noted that there are cost pressures within inpatient wards and in some non-pay categories. This includes the continence supplies budget, which is currently overspending by £158k due to inflationary price increases and patient assessments. Travel budgets are also overspending by £117k due to the temporary increase in the mileage rate payable and mobile phones are reporting a £97k overspend.

Enabling Services are underspent by £596k as at M9, a positive movement of £201k compared to M8. This is mainly as a result of receiving additional income relating to the Interpreting Service (Ujala Resources Centre) due to increased activity in previous months.

Estates Services are overspent by £216k as at M9, a negative movement of £225k compared to M8. This is largely due to an increase in costs due to the updated International Financial Reporting Standard (IFRS)16 in relation to leasehold properties. The NHS reporting approach may ultimately see this as 'allowable expenditure' in terms of the NHS Control Total reporting – meaning that the costs could be excluded from the Trust's financial position. However, this is yet to be confirmed and so the cost will be included in the Trust's position until advised otherwise. The transfer in of the Estates and FM functions from UHL has introduced additional financial risk into the position, but this is currently being managed.

Hosted services show a minor underspend, which include vacancies and additional income receipts.

Forecast position

Appendix F provides a Trust level view of the key risks, pressures and mitigations and the potential impact of these on the year end position.

Last month (month 8), the introduction of mitigations and recovery actions of c. £3.7m resulted in a risk adjusted year end forecast of a £3.5m deficit. This was contributing to a wider ICS forecast year end deficit of c. £21.8m. During the preparation of the month 9

financial position, system CFOs met with NHS England to discuss the likely year end forecast. As a result of this discussion, NHS England set a system control total of a £20m deficit, thus requiring improvement in all 3 system partners forecast positions. The £1.8m improvement required was split equally across the 3 system partners, with LPT therefore being asked to deliver a £0.6m improvement from the previous month 8 forecast. Following further assessment of directorate positions after month 9, LPT has agreed to the revised forecast deficit target – now being £2.9m.

The risk adjusted forecast shown in ***Appendix F*** reflects this revised forecast assumption. LPT's month 9 financial reporting submission to NHS England will now also formally reflect the £2.9m deficit forecast outturn.

Efficiency Savings

Scheme Ref	Scheme name	Agreed plan £	Year end forecast £	Y/e f'cast variance £	YTD plan £	YTD actual £	YTD variance £
	Scheme reference & description						
CHS 1	Travel	90,000	90,000	0	67,500	67,500	0
CHS 2	Comm / Inpatient Management Non Pay savings	90,000	90,000	0	67,500	67,500	0
CHS 6	Comm Nursing / Therapy - Service review of investments - estimated	253,000	253,000	0	189,750	189,750	0
CHS 8	Virtual ward + Long COVID Rehab- Service review of investments + potenti	65,000	65,000	0	48,750	48,750	0
CHS 9	LDU Review	90,000	90,000	0	67,500	67,500	0
CHS 10	Procurement - contract reviews i.e taxis, continence supplies etc	149,000	149,000	0	111,750	111,750	0
CHS 12	Other Non Pay savings - N/R	23,000	23,000	0	17,250	17,250	0
	CHS - total	**760,000**	**760,000**	**0**	**570,000**	**570,000**	**0**
LD 3	Travel savings against baseline 2019/20 cost	23,000	45,168	22,168	17,250	38,868	21,618
LD 4	Agency reduction Agnes in 22/23 against 21/22 out-turn	100,000	77,777	-22,223	66,667	44,444	-22,223
	LD - total	**123,000**	**122,945**	**-55**	**83,917**	**83,312**	**-605**
FYPC1	Travel savings against baseline 2019/20 cost	100,000	131,332	31,332	75,000	95,932	20,932
FYPC2	Integrated Primary care offer (PMHW)	100,000	99,996	-4	75,000	74,997	-3
FYPC3	Agency reduction HUB & CAP in 22/23 against 21/22 out-turn	50,000	38,892	-11,108	33,333	22,224	-11,109
FYPC4	Agency reduction Beacon & Langley (against 21/22 out-turn)	150,000	150,003	3	100,000	100,002	2
FYPC5	Digital offer to reduce printing & postage costs	20,000	0	-20,000	10,000	0	-10,000
	FYPC - total	**420,000**	**420,224**	**224**	**293,333**	**293,156**	**-178**
DMH 1	Travel savings against baseline 2019/20 cost	50,000	50,000	0	37,503	37,503	0
DMH 2	Volunteer Transport	75,000	0	-75,000	56,250	0	-56,250
DMH 3	Oxevision	20,000	0	-20,000	10,000	0	-10,000
DMH 4	Agency reduction in spend for HCSW	300,000	37,500	-262,500	187,500	37,500	-150,000
DMH 5	Agency reduction in spend for Admin	100,000	95,000	-5,000	70,000	50,000	-20,000
DMH 6	eRoster advance planning for 12 weeks	50,000	50,001	1	28,571	28,572	1
DMH 7	Medical locums	50,000	0	-50,000	35,000	0	-35,000
DMH 8	Covid bank incentive payments	300,000	0	-300,000	120,000	0	-120,000
	DMH - total	**945,000**	**232,501**	**-712,499**	**544,824**	**153,575**	**-391,249**
ENAB 1	Bring Legal services in-house and reduce Legal Fees costs	52,000	52,000	0	39,000	29,600	-9,400
ENAB 2	Savings from Non Pay budgets in Quality team	34,000	34,000	0	25,500	25,500	0
ENAB 3	Drugs (Clozapine Repatriations) & Non Pay	56,000	56,000	0	42,000	42,000	0
ENAB 4	Finance Directorate (including Procurement, Info. Team & IG:	80,000	80,000	0	60,000	60,000	0
ENAB 5	Travel Savings from HR & Other Non Pay N/R	85,000	85,000	0	63,750	63,750	0
ENAB 6	Business Development N / R Savings	25,000	25,000	0	18,750	18,750	0
ENAB 7	Enabling non-recurrent schemes	0	0	0	0	9,400	9,400
	ENABLING - total	**332,000**	**332,000**	**0**	**249,000**	**249,000**	**0**
T1	Travel Savings	413,000	413,000	0	309,750	309,750	0
T2	Corporate led agency reduction schemes	605,000	75,000	-530,000	305,000	75,000	-230,000
T3	Mobile phone contract savings	125,000	125,000	0	93,750	93,750	0
T4	Review of patient taxis	0	0	0	0	0	0
T5	Capital charges reduction	850,000	850,000	0	637,497	674,997	37,500
T6	Balance sheet flexibility	1,027,000	1,077,001	50,001	557,753	686,423	128,670
T7	Review external income generation	0	0	0	0	0	0
T8	VAT reclaims and interest receivable	0	900,000	900,000	0	363,000	363,000
	TRUSTWIDE - total	**3,020,000**	**3,440,001**	**420,001**	**1,903,750**	**2,202,920**	**299,170**
	GRAND TOTAL	**5,600,000**	**5,307,669**	**-292,331**	**3,644,824**	**3,551,961**	**-92,863**

As at the end of month 9, £3,552k savings are being delivered against the year-to-date target of £3,645k (a shortfall of £93k). DMH are £391k short of their M9 YTD target, all other directorates are delivering planned savings in full. The majority of the DMH shortfall is being offset by additional corporate savings (including balance sheet gains, additional VAT reclaims and interest receivable).

The forecast year end position shows savings of £5,308k against the annual target of £5,600k. This would be a shortfall of £292k and equates to delivery of 95% of the target for the year.

Note that we are currently discussing the finer details of a revised valuation model for Trust buildings with our auditors. This is expected to contribute £500k of savings under the capital charges reduction scheme (T5). The auditors are querying our approach (which mirrors that taken by a number of other Trusts). Until this issue is resolved, there is an increased risk of this scheme not delivering in full.

Statement of Financial Position (SoFP)

PERIOD: December 2022	2021/22 31/03/22 Audited (Restated) £'000's	2022/23 31/12/22 December £'000's
NON CURRENT ASSETS		
Property, Plant and Equipment	192,037	195,568
Intangible assets	4,818	4,509
IFRS16 - Right of use (ROU) assets	44,792	43,236
Trade and other receivables	932	933
Total Non Current Assets	**242,579**	**244,246**
CURRENT ASSETS		
Inventories	418	385
Trade and other receivables	8,087	12,246
Cash and Cash Equivalents	31,991	32,601
Total Current Assets	**40,496**	**45,232**
Non current assets held for sale	**0**	**0**
TOTAL ASSETS	**283,075**	**289,477**
CURRENT LIABILITIES		
Trade and other payables	(28,460)	(35,301)
Borrowings	(285)	(285)
Borrowings - IFRS16 ROU assets	(3,322)	(3,412)
Capital Investment Loan - Current	(186)	(186)
Provisions	(3,588)	(3,258)
Total Current Liabilities	**(35,841)**	**(42,442)**
NET CURRENT ASSETS (LIABILITIES)	**4,655**	**2,790**
NON CURRENT LIABILITIES		
Borrowings	(7,177)	(7,178)
Borrowings - IFRS16 ROU assets	(41,470)	(39,974)
Capital Investment Loan - Non Current	(3,021)	(2,858)
Provisions	(1,256)	(1,256)
Total Non Current Liabilities	**(52,924)**	**(51,266)**
TOTAL ASSETS EMPLOYED	**194,310**	**195,769**
TAXPAYERS' EQUITY		
Public Dividend Capital	101,831	105,830
Retained Earnings	39,058	36,517
Revaluation reserve	53,421	53,422
TOTAL TAXPAYERS EQUITY	**194,310**	**195,769**

Non-current assets
Property, plant, and equipment (PPE) amounts to £196m, and includes capital additions of £11m, offset by depreciation charges.

Due to the adoption of IFRS-16 leases from 1st April 2022, non-current assets have increased by £43.2m, with a corresponding liability shown against current and non-current borrowings. The opening balance sheet has been restated to include the transition of lease balances for Right of Use assets. Two new leases have commenced since 1st of April 2022.

The change of accounting treatment for IFRS-16 leases creates an additional 'cost' to the Trust's capital programme for any new leases (this replaces our previous revenue lease cost and so does not impact on our overall net cashflow). An equivalent increase to our capital resource limit (the total amount the Trust can spend on capital) is anticipated and has been confirmed in recent guidance.

Current assets
Current assets of £45m include cash of £33m and receivables of £12m.

Current Liabilities
Current liabilities amount to £42m and mainly relate to payables of £35m.

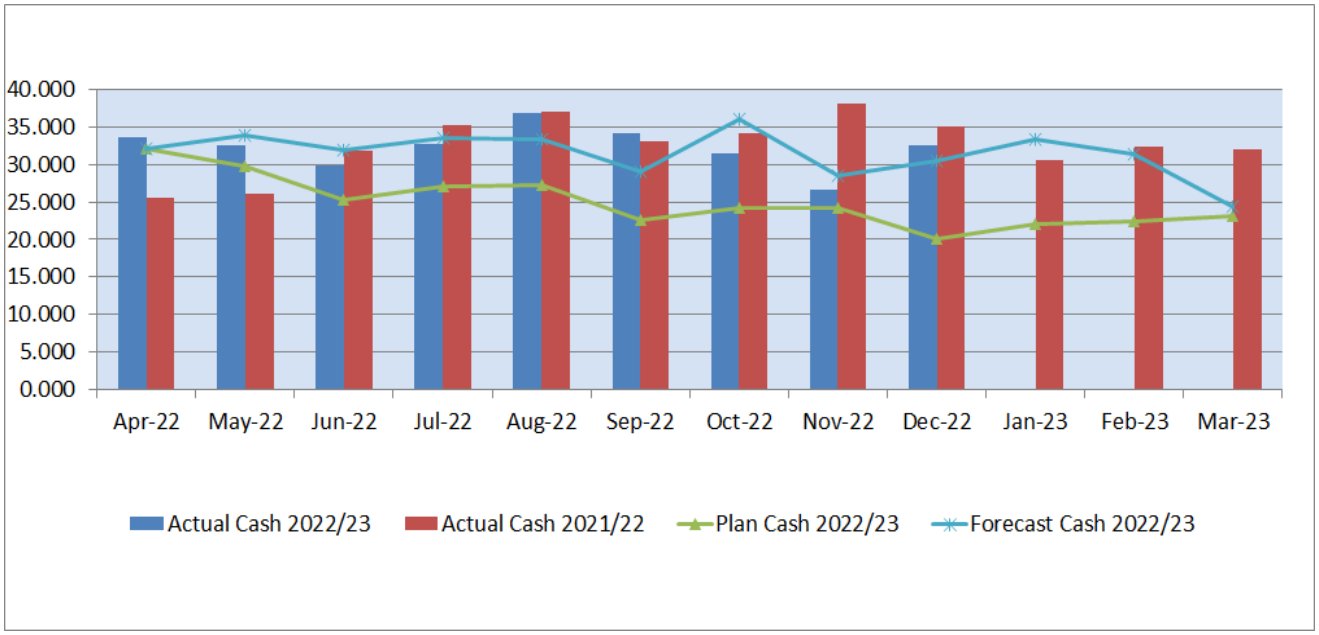
Net current assets / (liabilities) show net assets of £3m.

Working capital
Cash and changes in working capital are reviewed on the following pages.

Taxpayers' Equity
December's deficit of £2.5m is reflected within retained earnings.

Cash and Working Capital

12 Months Cash Analysis Apr 22 to Mar 23



Cash – Key Points

The closing cash balance at the end of December was £32.6m, an increase of £6m during the month. The increase relates to the £4m payment from NHSE for November's medical and dental recharge and the receipt of £1.5m PDC for the dormitory elimination capital work.

The cash position continues to remain high due to the inclusion of expenditure accruals (relating to outstanding supplier invoices) and the receipt of deferred income.

The interest earned to date from the current bank account is £400k. If the current rate of return continues, forecast annual interest is estimated at c£600k (2021/22: £19k).

The forecast closing cash balance at the end of the year is £24.4m. The reduction from the current cash balance is predominantly due to planned capital expenditure. Any changes to working capital assumptions in Quarter 4 (i.e., the level of debtors and creditors) will impact on the final closing cash position. A cash-flow forecast is included at ***Appendix D.***

Receivables

Current receivables (debtors) total £12.2m; a reduction of £5.7m during the month. This reduction mainly relates to the payment of the medical and dental recharge from NHSE.

Receivables	Current Month Dec 2022					
	NHS	Non NHS	Emp's	Total	% Total	% Sales Ledger
	£'000	£'000	£'000	£'000		
Sales Ledger						
30 days or less	681	471	14	**1,166**	**8.85%**	**38.2%**
31 - 60 days	755	67	10	**832**	**6.31%**	**27.3%**
61 - 90 days	327	155	1	**483**	**3.66%**	**15.8%**
Over 90 days	148	232	190	**570**	**4.33%**	**18.7%**
	1,911	925	215	**3,051**	**23.15%**	**100.0%**
Non sales ledger	2,480	6,715	0	**9,195**	**69.77%**	
Total receivables current	**4,391**	**7,640**	**215**	**12,246**	**92.92%**	
Total receivables non current		933		933	**7.08%**	
Total	**4,391**	**8,573**	**215**	**13,179**	**100.00%**	**0.0%**

Debt greater than 90 days reduced by £193k since November and now stands at £570k. Receivables over 90 days should not account for more than 5% of the overall total receivables balance. The proportion at Month 9 is 4.33% (last month: 4.03%). The overall aged debt value has reduced due to the payment of two outstanding UHL invoices. The non-current receivables balance stands at £933k. It comprises of a £249k debtor with NHSI to support the clinical pensions' tax provision and a £684k prepayment to cover PFI capital lifecycle costs. There was no movement against the £310k debt provision this month.

Payables

The current payables position in Month 9 is £35.3m –a small reduction of £600k since the previous month and an increase of £6.8m since the start of the year. This increase is due to expenditure accruals and deferred income (of which £2.5m relates to Provider Collaborative deferred income) and are required to cover the receipt of goods and services where invoices have not yet been received, and to reduce income when cash has been received but relates to future periods/years.

Provisions

Trust provisions have reduced by £330k since the start of the year and now stand at £4.5m.

Better Payment Practice Code (BPPC)

The specific target is to pay 95% of invoices within 30 days. The Trust achieved all 4 cumulative BPPC targets in December and during the month. Further details are shown in ***Appendix B***.

Capital Programme 2022/23

Capital expenditure totals £11.8m at the end of December. This comprises of £10.7m relating to operational capital, and £1.2m for the commencement of two new property leases, required under IFRS16 rules to capitalise right-of-use assets. The current capital position is shown below:

	Annual Plan	Dec Actual	Year End Forecast	Revision to Plan
Sources of Funds	**£'000**	**£'000**	**£'000**	**£'000**
Depreciation & technical adjustments	9,500	6,685	9,500	0
PDC Dormitory elimination - Bradgate	4,000	4,000	4,000	0
PDC Enhancing MH urgent & emergency environments	0	0	795	795
PDC Cyber Security	0	0	72	72
Agnes unit PFI lifecycle costs	100	0	100	0
Cash utilisation from previous years' surplus - LPT	3,633	0	3,633	0
Cash utilisation to support stroke ward reserve - ICS	1,000	0	1,000	0
Cash utilisation to support system resource reserve - ICS	1,532	0	200	(1,332)
Charitable funds - Coalville garden	0	0	60	60
Charitable funds - Evington demential garden	0	0	22	22
IFRS-16 leases - borrowings	3,913	1,154	1,154	(2,759)
Total Capital funds	**23,678**	**11,839**	**20,536**	**(3,142)**
Application of Funds	**£'000**	**£'000**	**£'000**	**£'000**
Estates				
Estates Service Improvements	(6,395)	(4,325)	(6,719)	(324)
Estates backlog	(2,637)	(860)	(1,886)	751
Estates other rolling programmes	(1,090)	(215)	(697)	393
Estates Staffing	(431)	(354)	(436)	(5)
Estates & FM Transformation	(470)	(929)	(1,131)	(661)
Medical Devices	(200)	0	(20)	180
Estates Directorate bids	(2,847)	(904)	(3,064)	(217)
	(14,070)	**(7,587)**	**(13,953)**	**117**
IT Programme				
IM&T Rolling Programmes	(1,705)	(958)	(1,705)	0
IM&T Directorate bids	(1,158)	(2,140)	(2,634)	(1,476)
	(2,863)	**(3,098)**	**(4,339)**	**(1,476)**
ICS limits allocation (inc £50k for Stroke ward)	**(2,532)**	**0**	**(550)**	**1,982**
Contingencies	**(300)**	**0**	**(540)**	**(240)**
IFRS16 Leases / ROU Assets	**(3,913)**	**(1,154)**	**(1,154)**	**2,759**
Total Capital Expenditure	**(23,678)**	**(11,839)**	**(20,536)**	**3,142**
(Over)/underspend	**(0)**	**0**	**(0)**	**0**
Operational Capital Total - excluding IFRS16 leases	**(19,765)**	**(10,685)**	**(19,382)**	**383**

Changes to the capital limit

The overall capital forecast has reduced by £2.7m this month.

- At the start of the year five new property leases were forecast to commence, with a combined rental capitalisation of £3.9m, under IFRS16 rules. The current forecast is that only the two leases already completed - Westcotes HC first floor (£237k) and Meridian South (£917k), will take place this year, resulting in £2.7m not required in this financial year.

- The operational capital limit has increased due to the Trust being awarded £72k additional PDC this month to support cyber security.

Operational Capital Expenditure

At the end of December, £10.7m (55%) has been spent on operational capital, which leaves £8.7m (45%) to be spent in Quarter 4.

The capital programme is under regular review to ensure a balanced plan by the end of the year. Schemes are being flexed/deferred to factor in any expenditure slippage (due to material delays, changes in scope, planning consent etc.). Scheme deferrals into 2023/24 amount to £1.4m as at M9. Uncommitted capital is c£1m. Plans are developing to utilise this under-commitment including the purchase of medical devices and IT equipment. Due to the pressure on next year's capital programme, it will also be beneficial to bring forward any top priority directorate capital bids into this year.

It has proved difficult to accommodate the fluctuating system position, as schemes have had to be flexed to maintain financial balance. The position may continue to change up until the end of this financial year and any further slippage on the dormitory programme may still allow deferred schemes to begin before 1st April 2023.

Changes to capital programme

All changes made to the capital programme since last month are shown at ***Appendix H***.

2023/24 Capital

The 2023/24 capital planning round has now commenced.

- The Capital Management Committee has prioritised all bids.
- There will be pressure on next year's allocation due to the high level of scheme deferrals from 2022/23 – currently £1.4m
- Due to planning delays and enhanced scope, there is a high level of committed expenditure relating to the Dormitory elimination programme (no external funding after 2022/23).
- costs
- The ICS is finalising the System's capital allocations

APPENDIX A - Statement of Comprehensive Income (SoCI)

Statement of Comprehensive Income for the period ended 31 December 2022	YTD Actual M9 £000	YTD Budget M9 £000	YTD Var. M9 £000
Revenue			
Total income	276,356	275,030	1,326
Operating expenses	(275,705)	(275,908)	203
Operating surplus (deficit)	**651**	**(878)**	**1,529**
Investment revenue	(0)	(0)	0
Other gains and (losses)	0	0	0
Finance costs	0	0	0
Surplus/(deficit) for the period	**651**	**(878)**	**1,529**
Public dividend capital dividends payable	(3,192)	0	(3,192)
I&E surplus/(deficit) for the period (before tech. adjs)	**(2,541)**	**(878)**	**(1,662)**
NHS Control Total performance adjustments			
Exclude gain on asset disposals	**0**	**0**	**0**
NHSE/I I&E control total surplus	**(2,541)**	**(878)**	**(1,662)**
Other comprehensive income (Exc. Technical Adjs)			
Impairments and reversals	0	0	0
Gains on revaluations	0	0	0
Total comprehensive income for the period:	**(2,541)**	**(878)**	**(1,662)**
Trust EBITDA £000	**9,863**	**8,334**	**1,529**
Trust EBITDA margin %	**3.6%**	**3.0%**	**0.5%**

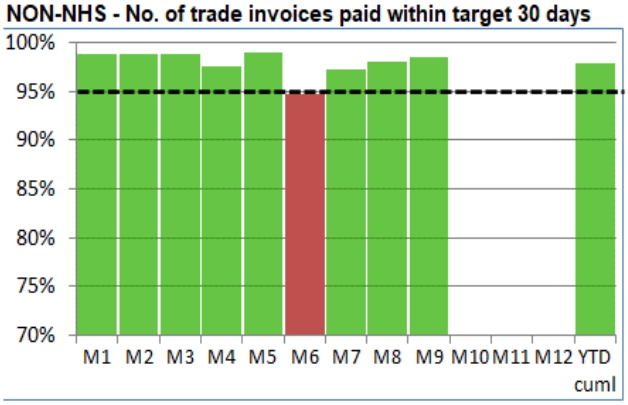
APPENDIX B – BPPC performance

Trust performance – current month (cumulative) v previous

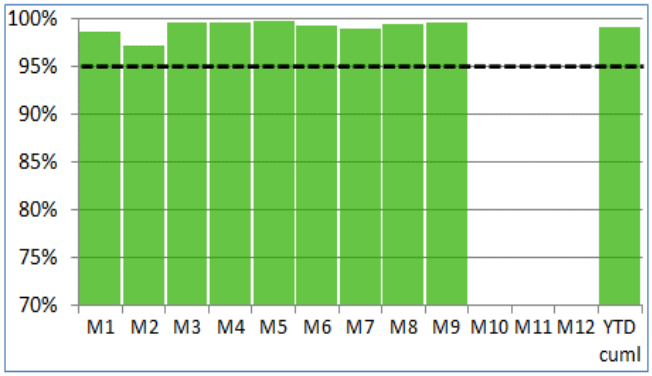
Better Payment Practice Code	December (Cumulative)		November (Cumulative)	
	Number	£000's	Number	£000's
Total Non-NHS trade invoices paid in the year	23,958	84,541	21,446	75,851
Total Non-NHS trade invoices paid within target	23,484	83,881	21,007	75,220
% of Non-NHS trade invoices paid within target	**98.0%**	**99.2%**	**98.0%**	**99.2%**
Total NHS trade invoices paid in the year	685	47,985	626	43,764
Total NHS trade invoices paid within target	667	47,829	610	43,611
% of NHS trade invoices paid within target	**97.4%**	**99.7%**	**97.4%**	**99.7%**
Grand total trade invoices paid in the year	24,643	132,526	22,072	119,615
Grand total trade invoices paid within target	24,151	131,710	21,617	118,831
% of total trade invoices paid within target	**98.0%**	**99.4%**	**97.9%**	**99.3%**

Trust performance – run-rate by all months and cumulative year-to-date

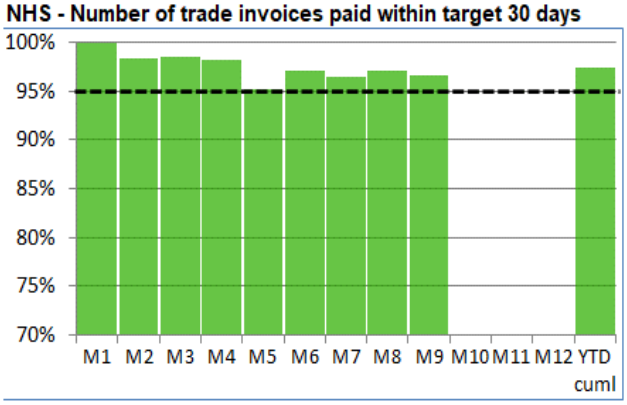
NON-NHS - No. of trade invoices paid within target 30 days



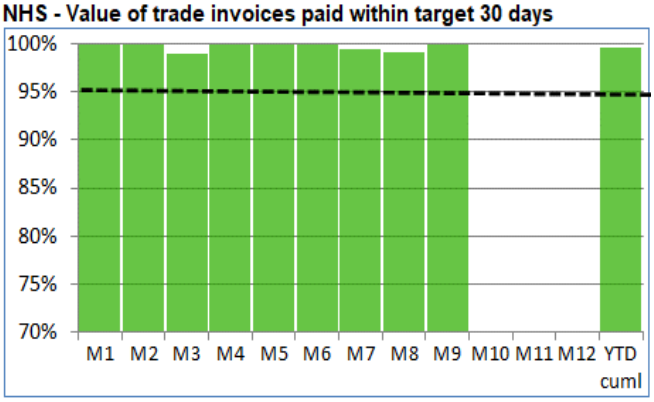
NON-NHS - Value of trade invoices paid within target 30 days



NHS - Number of trade invoices paid within target 30 days



NHS - Value of trade invoices paid within target 30 days



APPENDIX C – Agency staff expenditure

2022/23 Agency Expenditure	2021/22 Outturn £000s Actual	2021/22 Avg mth £000s Actual	2022/23 M1 £000s Actual	2022/23 M2 £000s Actual	2022/23 M3 £000s Actual	2022/23 M4 £000s Actual	2022/23 M5 £000s Actual	2022/23 M6 £000s Actual	2022/23 M7 £000s Actual	2022/23 M8 £000s Actual	2022/23 M9 £000s Actual	2022/23 M10 £000s F'Cast	2022/23 M11 £000s F'Cast	2022/23 M12 £000s F'Cast	22/23 YTD £000s Actual	22/23 Year End £000s F'cast
DMH																
Consultant Costs	-3,586	-299	-330	-217	-307	-429	-411	-414	-456	-414	-395	-401	-401	-401	-3,372	-4,575
Nursing - Qualified	-6,589	-549	-965	-959	-1,052	-1,052	-742	-757	-542	-518	-552	-553	-510	-494	-7,139	-8,696
Nursing - Unqualified									-361	-325	-267	-267	-280	-270	-954	-1,771
Other clinical staff costs	-202	-17	-8	-43	-23	-23	-21	-28	-34	-21	-20	-25	-25	-25	-221	-297
Non clinical staff costs	-317	-26	-16	-6	-27	-23	-15	-4	-10	-2	-2	-5	-5	-5	-104	-119
Sub-total - DMH	**-10,694**	**-891**	**-1,319**	**-1,225**	**-1,409**	**-1,527**	**-1,189**	**-1,203**	**-1,403**	**-1,280**	**-1,236**	***-1,251***	***-1,221***	***-1,195***	**-11,790**	***-15,457***
Spend relating to Investments					**-2**	**-1**	**0**				**0**	***0***	***0***	***0***	-3	***-3***
Spend relating to Covid															0	***0***
LEARNING DISABILITIES																
Consultant Costs	-133	-11	-37	-13	-22	-28	-19	-27	-25	-40	-52	-47	-47	-47	-262	-403
Nursing - Qualified	-2,418	-201	-200	-176	-153	-203	-138	-187	-71	-71	-95	-70	-30	-30	-1,294	-1,424
Nursing - Unqualified									-78	-59	-120	-40	-20	-20	-257	-337
Other clinical staff costs	-25	-2	0	-15	-14	-4	-15	0	0	0	0	0	0	0	-48	-48
Non clinical staff costs	-14	-1	-1	-6	-8	-6	-3	-6	0	0	0	0	0	0	-31	-31
Sub-total - LD	**-2,590**	**-215**	**-239**	**-209**	**-197**	**-240**	**-174**	**-220**	**-174**	**-170**	**-267**	***-157***	***-97***	***-97***	**-1,890**	***-2,241***
Spend relating to Investments															0	***0***
Spend relating to Covid															0	***0***
CHS																
Consultant Costs	0	0	0	0	0	0	0	0	0	-16	-6	0	0	0	-22	-22
Nursing - Qualified	-5,864	-489	-746	-683	-657	-561	-529	-512	-351	-404	-477	-520	-490	-500	-4,921	-6,431
Nursing - Unqualified									-232	-202	-274	-290	-270	-270	-709	-1,539
Other clinical staff costs	-639	-53	-50	-53	-51	-23	-29	-36	-45	-62	-42	-40	-40	-40	-392	-512
Non clinical staff costs	-31	-3	0	-14	4	-1	-1	0	0	0	0	0	0	0	-13	-13
Sub-total - CHS	**-6,534**	**-545**	**-796**	**-750**	**-705**	**-585**	**-560**	**-548**	**-629**	-684	**-799**	***-850***	***-800***	***-810***	**-6,056**	***-8,516***
Spend relating to surge ward							**-98**	**-120**	**-85**	**-165**	**-344**	***-344***	***-311***	***-344***	-468	***-1,813***
Spend relating to other investments			**-55**	**-55**	**-46**	**-40**									-195	***-195***
Spend relating to Covid			**-38**	**-18**	**-12**	**-12**	**-8**	**0**	**0**	**0**					-88	***-88***
FYPC																
Consultant Costs	-754	-63	-82	-71	-60	-83	-70	-109	-110	-94	-96	-108	-108	-108	-774	-1,098
Nursing - Qualified	-4,172	-348	-391	-378	-469	-294	-372	-372	-204	-176	-179	-160	-160	-160	-2,834	-3,314
Nursing - Unqualified									-87	-86	-35	-35	-35	-35	-208	-313
Other clinical staff costs	-48	-4	-2	-6	-9	-6	-7	-7	-6	-5	-5	0	0	0	-51	-51
Non clinical staff costs	-117	-10	-2	-6	-16	-13	-13	-10	-7	-7	-5	-9	-9	-9	-78	-105
Sub-total - FYPC	**-5,091**	**-425**	**-476**	**-461**	**-554**	**-394**	**-462**	**-498**	**-413**	**-367**	**-320**	***-312***	***-312***	***-312***	**-3,945**	***-4,881***
Spend relating to Investments															0	***0***
Spend relating to Covid															0	***0***
ENAB, HOST AND RESERVES																
Consultant Costs			-2	-2	-2	-2	-2	2	13	0	0	0	0	0	5	5
Nursing - Qualified	-89	-7	0	90	0	0	0	6	0	-2	0	0	0	0	95	95
Nursing - Unqualified			0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other clinical staff costs	-302	-25	-18	-3	-24	-11	-13	-8	-6	11	-41	-14	-14	-14	-114	-156
Non clinical staff costs	-1,592	-133	-99	-151	-112	-132	-125	-125	-64	-162	-61	-163	-116	-116	-1,031	-1,426
Sub-total - Enab/Host	**-1,982**	**-165**	**-119**	**-67**	**-138**	**-145**	**-140**	**-124**	**-58**	**-153**	**-102**	***-177***	***-130***	***-130***	**-1,046**	***-1,483***
Spend relating to Investments			**-8**	**-4**	**-5**	**6**	**0**	**0**	**0**	**0**	**0**	***0***	***0***	***0***	-11	***-11***
Spend relating to Covid			**-65**	**-63**	**-42**	**-61**	**-40**	**-26**	**-7**	**-13**	**-10**	***-10***	***-10***	***-10***	-317	***-357***
TOTAL TRUST																
Consultant Costs	-4,483	-374	-450	-302	-391	-541	-502	-548	-578	-563	-549	-556	-556	-556	-4,425	-6,093
Nursing - Qualified	-19,132	-1,594	-2,302	-2,106	-2,331	-2,109	-1,781	-1,822	-1,168	-1,170	-1,303	-1,303	-1,190	-1,184	-16,093	-19,770
Nursing - Unqualified									-759	-672	-696	-632	-605	-595	-2,127	-3,959
Other clinical staff costs	-1,204	-100	-79	-120	-121	-66	-85	-78	-91	-78	-108	-79	-79	-79	-827	-1,064
Non clinical staff costs	-2,072	-173	-118	-183	-158	-175	-156	-145	-81	-171	-68	-177	-130	-130	-1,256	-1,693
Total	**-26,891**	**-2,241**	**-2,949**	**-2,712**	**-3,002**	**-2,892**	**-2,524**	**-2,594**	**-2,677**	**-2,654**	**-2,724**	***-2,747***	***-2,560***	***-2,544***	**-24,727**	***-32,579***
Total Trust - Surge Ward			**0**	**0**	**0**	**0**	**-98**	**-120**	**-85**	**-165**	**-344**	***-344***	***-311***	***-344***	-468	***-1,813***
Total Trust - Investment Agency Spend			**-63**	**-59**	**-53**	**-35**	**0**	**0**	**0**	**0**	**0**	***0***	***0***	***0***	-209	***-209***
Total Trust - Covid Agency Spend			**-103**	**-81**	**-54**	**-73**	**-48**	**-26**	**-7**	**-13**	**-10**	***-10***	***-10***	***-10***	-405	***-445***
Total excl. C19, Surge and Investm. costs			**-2,784**	**-2,572**	**-2,895**	**-2,785**	**-2,378**	**-2,448**	**-2,585**	**-2,476**	**-2,370**	***-2,393***	***-2,239***	***-2,190***	**-23,645**	***-30,112***

Total agency costs for December are £2,724k.

Excluding surge ward, covid and investment related agency costs, November's agency spend is £2,370k.

Average monthly agency spend has levelled off at around £2.6m per month since September. For the first four months of the year, average spend was c. £2.9m. The reduction in the average reflects the work undertaken during the summer to reduce reliance on agency staff. The general reduction may be larger than overall figures suggest – the £2.7m expenditure reported for December included £0.3m costs relating to the Surge Ward. These costs were not being incurred in the first half of the year. If these costs are excluded to enable a like-for-like comparison, December costs would be £2.4m.

The year end forecast has not changed materially from the estimate included last month. This shows £32.6m total costs (including the Surge Ward) for the year. Measured against our original plan / target of £23.1m for the year, this represents a £9.5m overshoot.

APPENDIX D – Cash flow forecast

2022/23 CASH-FLOW FORECAST	DEC	DEC	DEC	JAN	FEB	MAR	YTD	22/23
	FORECAST	ACTUAL	VARIANCE	FORECAST	FORECAST	FORECAST	ACTUAL	FORECAST
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING BALANCE	**26,608**	**26,608**	**0**	**32,601**	**33,341**	**31,325**	**31,990**	**31,990**
INCOME								
Leicester & Leicesteshire CCG block contracts	28,984	25,728	**(3,256)**	28,867	24,752	24,750	218,639	297,008
Other CCG block contracts	497	124	**(373)**	652	300	476	2,137	3,565
East Midlands Provider Collaborative - CAMHS	258	0	**(258)**	387	129	129	903	1,548
Local Authorities block contracts	3,654	1,434	**(2,220)**	3,663	1,443	1,443	10,083	16,632
NHS England	1,254	771	**(483)**	1,254	680	680	8,003	10,617
UHL contract	243	243	**0**	243	243	243	1,943	2,672
MADEL	4,274	4,274	**0**	1,753	0	0	10,219	11,972
HIS income	100	194	**94**	50	50	100	1,273	1,473
360 Assurance income	361	252	**(109)**	200	200	250	1,669	2,319
UHL rental income	534	478	**(56)**	209	153	153	1,026	1,541
Previous year's income	0	29	**29**	0	0	0	4,832	4,832
VAT	400	478	**78**	498	400	400	5,309	6,607
Property sales	0	0	**0**	0	0	0	0	0
PDC for capital investment	0	1,539	**1,539**	0	867	0	4,000	4,867
Other income	1,015	1,512	**425**	1,115	1,015	1,323	9,843	13,296
Total Receipts	**41,574**	**37,056**	**(4,590)**	**38,891**	**30,232**	**29,947**	**279,879**	**378,949**
PAYMENTS								
Payroll	21,816	21,532	**(284)**	21,816	21,816	21,816	188,610	254,058
Capital	2,000	1,222	**(778)**	2,000	2,500	2,522	8,912	15,934
Non pay general expenditure	5,477	5,971	**494**	5,483	5,282	7,124	49,405	67,294
UHL - Estates & FM Services	4,708	0	**(4,708)**	4,708	0	0	4,115	8,823
UHL - Other contracts	158	0	**(158)**	316	158	158	1,234	1,866
NHS Property Services rents	200	0	**(200)**	400	200	200	3,306	4,106
Community Health Partnerships rents	245	262	**17**	109	126	126	1,155	1,516
Agency Nursing Costs	1,900	2,003	**103**	2,000	2,000	2,000	19,208	25,208
Out of Area (OOA) costs for patients placed in private hospitals	25	73	**48**	25	25	25	247	322
Turning Point	1,153	0	**(1,153)**	1,294	141	142	116	1,693
Public dividend capital payment (PDC)	0	0	**0**	0	0	2,766	2,733	5,499
Other finance costs (inc loan interest and principal repayments)	0	0	**0**	0	0	0	227	227
Total Payments	**37,682**	**31,063**	**(6,619)**	**38,151**	**32,248**	**36,879**	**279,268**	**386,546**
CLOSING CASH BOOK BALANCE	**30,500**	**32,601**	**2,029**	**33,341**	**31,325**	**24,393**	**32,601**	**24,393**

APPENDIX E – Covid-19 expenditure, December 2022

Cost of Covid response

CATEGORY	AMH	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	0	0	0	0	0	0	0	0	**0**
Bank	81	0	0	0	0	0	0	0	**81**
Agency	0	0	0	0	0	0	0	0	**0**
Existing workforce additional shifts									
Substantive	0	0	0	0	0	2	0	0	**2**
Bank	0	0	19	0	0	0	0	0	**19**
Agency	0	0	0	0	0	0	0	0	**0**
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	0	0	0	**0**
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	0	0	0	0	0	0	0	0	**0**
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	0	0	0	0	0	2	0	0	**2**
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 FOR MONTH 9:	**81**	**0**	**19**	**0**	**10**	**4**	**0**	**0**	**114**
TOTAL M1 - M8 COVID COSTS:	**771**	**256**	**141**	**42**	**102**	**44**	**0**	**0**	**1,356**
TOTAL YTD COVID COSTS:	**852**	**256**	**160**	**42**	**112**	**48**	**0**	**0**	**1,470**

Note that the majority of cost still attributed to Covid relates to bank incentives. For the 2023/24 financial planning round and subsequent financial reporting, these incentives will no longer be categorised as covid costs.

APPENDIX F – Pressures, Mitigations and Risk analysis

The table below presents a summary of year end outturn pressures, risks and mitigations positions, under best, likely and worse scenarios.

The previous month 'likely' target is also included for comparison purposes.

Risk Scenarios - as at month 9 2022/23	Scenario Analysis			Movement since last month ('likely')	
Description	M9 BEST CASE £000	M9 LIKELY CASE £000	M9 WORST CASE £000	M8 LIKELY CASE £000	MOVEMENT SINCE LAST MONTH £000
22/23 budget break-even assumption	**0**	**0**	**0**	**0**	**0**
Operational positions					
Mental Health Directorate	(6,959)	(7,302)	(7,552)	(7,802)	500
Learning Disabilities	90	0	(450)	0	0
Community Health Services	1,400	1,200	0	800	400
Families, Young People and Childrens Services	300	0	(600)	0	0
Enabling Services	800	800	500	500	300
Estates	(300)	(400)	(600)	100	(500)
Hosted Services	100	50	(250)	50	0
Internal funding of DMH safer staffing	(1,340)	(1,340)	(1,340)	(1,340)	0
Operational Services - total	**(5,909)**	**(6,992)**	**(10,292)**	**(7,692)**	**700**
Trustwide/Corporate					
General price inflation risk - includes approved measures to support staff cost of living financial pressures.	0	0	(300)	0	0
Further income changes (including revised national out-of-system funding and 'LVA' approach)	0	0	(350)	0	0
Further pressure to support additional investment not funded within the plan offer (likely now includes PY effect of additional HR posts)	0	(73)	(150)	(75)	2
Part-year effect of overhead cost pressure due to new Healthy Together contract	(190)	(190)	(190)	(190)	0
Pay award funding shortfall (includes NI adjustment)	(139)	(139)	(413)	(139)	0
Additional system SDF income allocation and slippage	835	835	835	835	0
Additional financial recovery action plan (see below)	5,403	3,661	1,736	3,729	(68)
TOTAL:	**0**	**(2,898)**	**(9,124)**	**(3,532)**	**634**

RECOVERY PLAN / MITIGATIONS	BEST	LIKELY	WORST	LIKELY	£000
Trustwide - Interest on cash investments	300	300	200	300	0
Trustwide - VAT Recovery	200	0	0	200	(200)
Trustwide - additional Provider Collaborative Income	1,000	1,000	500	1,000	0
Trustwide - Direct Engagement	0	0	0	20	(20)
Trustwide - Hypothetical Valuations (cap chgs)	250	0	0	250	(250)
Enabling accruals and provisions release	436	436	436	436	0
DMH HEE income	60	0	0	160	(160)
Additional winter pressures and virtual ward funding	1,016	825	600	1,225	(400)
FYPC Local Authority pay award	313	100	0	200	(100)
FYPC accruals release	150	0	0	0	0
LD Extra Care suite	640	0	0	300	(300)
DMH Generic Drugs	38	0	0	38	(38)
DMH Progress Beds	0	0	0	(400)	400
LD additional STP income	1,000	1,000	0	0	1,000
TOTAL:	**5,403**	**3,661**	**1,736**	**3,729**	**(68)**

APPENDIX G – Financial run rates

The table below shows actual run-rates to M9. Monthly projections from M10 onwards are shown however these do not yet reflect further recovery actions at directorate level.

DIRECTORATE		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Total YTD	Projected year end (before further recovery)
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
		actual	actual	actual	actual	actual	actual	actual	actual	actual	f'cast	f'cast	f'cast	actual YTD	forecast
DMH	PAY	-7,283	-7,508	-7,247	-7,968	-7,492	-9,401	-8,114	-8,076	-8,043	-8,184	-8,206	-8,270	-71,132	**-95,792**
	NONPAY	-595	-543	-557	-584	-677	-620	-699	-738	-820	-818	-816	-816	-5,833	**-8,283**
	INCOME	407	540	319	459	470	470	478	587	626	575	575	575	4,356	**6,081**
		-7,471	**-7,511**	**-7,485**	**-8,093**	**-7,699**	**-9,551**	**-8,335**	**-8,227**	**-8,237**	**-8,427**	**-8,447**	**-8,511**	**-72,609**	**-97,994**
FYPC	PAY	-4,691	-4,925	-4,845	-4,822	-4,861	-5,909	-5,019	-4,495	-4,972	-4,900	-4,900	-4,900	-44,539	**-59,239**
	NONPAY	-309	-253	-461	-405	-361	-466	-377	-327	-421	-355	-355	-353	-3,380	**-4,443**
	INCOME	2,146	2,292	2,371	2,278	2,318	1,956	2,192	2,154	2,087	2,140	2,140	2,143	19,794	**26,217**
		-2,854	**-2,886**	**-2,935**	**-2,949**	**-2,904**	**-4,419**	**-3,204**	**-2,668**	**-3,306**	**-3,115**	**-3,115**	**-3,110**	**-28,125**	**-37,465**
LD	PAY	-1,139	-1,153	-1,139	-1,131	-1,125	-1,368	-1,117	-1,071	-1,156	-1,180	-1,090	-1,070	-10,399	**-13,739**
	NONPAY	-33	-25	-30	-46	-43	-41	-37	-37	-38	-40	-40	-37	-330	**-447**
	INCOME	6	13	7	6	0	10	44	-28	72	30	7	8	130	**175**
		-1,166	**-1,165**	**-1,162**	**-1,171**	**-1,168**	**-1,399**	**-1,110**	**-1,136**	**-1,122**	**-1,190**	**-1,123**	**-1,099**	**-10,599**	**-14,011**
CHS	PAY	-5,836	-5,850	-5,797	-5,725	-5,676	-7,235	-5,945	-6,100	-6,013	-6,122	-6,059	-6,063	-54,177	**-72,421**
	NONPAY	-573	-508	-583	-601	-639	-643	-664	-607	-749	-650	-650	-703	-5,567	**-7,570**
	INCOME	259	252	286	270	273	274	199	265	221	235	235	235	2,299	**3,004**
		-6,150	**-6,106**	**-6,094**	**-6,056**	**-6,042**	**-7,604**	**-6,410**	**-6,442**	**-6,541**	**-6,537**	**-6,474**	**-6,531**	**-57,445**	**-76,987**
ENAB	PAY	-2,358	-2,242	-2,262	-2,296	-2,350	-2,711	-2,419	-2,420	-2,415	-2,447	-2,462	-2,475	-21,473	**-28,857**
	NONPAY	-813	-1,326	-1,140	-1,136	-1,083	-1,143	-1,174	-1,116	-1,093	-1,135	-942	-973	-10,024	**-13,074**
	INCOME	1,059	1,139	1,134	1,195	1,173	1,133	1,281	1,167	1,335	1,365	1,277	1,260	10,616	**14,518**
		-2,112	**-2,429**	**-2,268**	**-2,237**	**-2,260**	**-2,721**	**-2,312**	**-2,369**	**-2,173**	**-2,217**	**-2,127**	**-2,188**	**-20,881**	**-27,413**
ESTS	PAY	-30	-56	-31	-43	-63	-87	-72	-660	-700	-700	-700	-700	-1,742	**-3,842**
	NONPAY	-3,020	-2,981	-3,026	-2,999	-3,038	-3,340	-3,153	-2,572	-2,690	-2,542	-2,530	-2,502	-26,819	**-34,393**
	INCOME	229	234	243	235	267	242	243	241	241	240	240	240	2,175	**2,895**
		-2,821	**-2,803**	**-2,814**	**-2,807**	**-2,834**	**-3,185**	**-2,982**	**-2,991**	**-3,149**	**-3,002**	**-2,990**	**-2,962**	**-26,386**	**-35,340**
HOST	PAY	-1,617	-1,394	-995	-1,162	-1,084	-1,415	-1,183	-1,170	-1,221	-1,182	-1,182	-1,182	-11,241	**-14,787**
	NONPAY	-1,015	-1,140	-989	-799	-280	-824	-775	-857	-2,671	-837	-775	-775	-9,350	**-11,737**
	INCOME	2,413	2,711	2,005	1,856	1,256	2,189	1,850	2,033	3,831	1,950	1,945	1,910	20,144	**25,949**
		-219	**177**	**21**	**-105**	**-108**	**-50**	**-108**	**6**	**-61**	**-69**	**-12**	**-47**	**-447**	**-575**
RESVS	PAY	-498	266	-532	96	-734	1,793	284	-82	-41	-541	-541	-541	552	**-1,071**
	NONPAY	-500	-197	-916	-490	-32	-48	-378	-675	-208	-400	-400	-400	-3,444	**-4,644**
	INCOME	23,296	22,257	23,868	23,227	23,015	26,561	25,524	24,587	24,508	24,033	24,033	24,033	216,843	**288,942**
		22,298	**22,326**	**22,420**	**22,833**	**22,249**	**28,306**	**25,430**	**23,830**	**24,259**	**23,092**	**23,092**	**23,092**	**213,951**	**283,227**
TOTAL	PAY	**-23,452**	**-22,862**	**-22,848**	**-23,051**	**-23,385**	**-26,333**	**-23,585**	**-24,074**	**-24,561**	**-25,256**	**-25,140**	**-25,201**	-214,151	**-289,748**
	NONPAY	**-6,858**	**-6,973**	**-7,702**	**-7,060**	**-6,153**	**-7,125**	**-7,257**	**-6,929**	**-8,690**	**-6,777**	**-6,509**	**-6,559**	-64,747	**-84,592**
	INCOME	**29,815**	**29,438**	**30,233**	**29,526**	**28,772**	**32,835**	**31,811**	**31,006**	**32,921**	**30,568**	**30,452**	**30,404**	276,357	**367,781**
		-495	**-397**	**-317**	**-585**	**-766**	**-623**	**969**	**3**	**-330**	**-1,465**	**-1,197**	**-1,356**	**-2,541**	**-6,559**

Additional recovery actions:	3,661
RISKS AND PRESSURES LIKELY POSITION:	-2,898

APPENDIX H – Capital Changes M09

Ref	Scheme title	Original Plan	Previous Forecast (M08)	Updated Forecast (M09)	Required Changes (M8-M9 difference) to be approved	Comment
1. Operational Capital Scheme changes > £100k		**£000**	**£000**	**£000**	**£000**	
7C58	Rutland ward IPC issues	(150)	(329)	(578)	(249)	Essential works to be undertaken whilst ward is decanted
7P50	Site wide - Replacement taps and sinks	(150)	(53)	(265)	(212)	Includes Rutland, Coalville & Swithland, helps next year's plan
7C62	FYPC Westcotes Lodge	(200)	(433)	(563)	(130)	TD confirmed work can now be completed in 22/23
7P36	Oxehealth	(150)	(150)	(265)	(115)	Previously underestimated capital cost to complete wards
7P20	Ligature - Urgent Care Hub	(143)	(143)	(7)	136	Merged with new scheme - Mental Health environment improvements
7C55	Rutland Memorial Hosp - Roofing	(200)	(485)	(305)	180	Deferred, asbestos found resulting in delays in work
7P91	PDC enhancing MH urgent & emergency care environments	0	(795)	(200)	595	£200k of works in 22/23, £200k deferred & £395k re-allocated in 2023/24
7C01	Dormitory Elimination - to be split (funded by LPT)	(1,859)	(2,244)	(1,558)	686	Expenditure slippage due to planning delays, will impact on 2023/24
	Various schemes	(2,387)	(4,107)	(3,932)	175	Net changes < £100k
	Total changes (increase)/reduction	**(5,239)**	**(8,739)**	**(7,673)**	**1,066**	
	Net changes addressed by:					
	Allocation to contingency reserve	(300)	598	(540)	(1,138)	To be allocated to schemes from above reductions
	PDC funding for cyber security	0	0	72	72	New external funding received (PDC) to support cyber security
	Total	**(300)**	**598**	**(468)**	**(1,066)**	
	Outstanding allocations/under-commitment:					
	Contingency reserve			(540)		Plans for additional IT equip, medical devises, bring forward 23/24 schemes
	Additional system allocation (in M8)			(500)		Plans for additional IT equip, medical devises, bring forward 23/24 schemes
				(1,040)		
2. IFRS16-New Leases						
	St Peters (3 offices plus corridor)	(915)	(915)	0	915	Not completed in 2022/23
	Westcotes HC for Perinatal services	(1,181)	(1,181)	0	1,181	Not completed in 2022/23
	Diana nurses relocation (based on Anchor House)	(623)	(623)	0	623	Not completed in 2022/23
	Total	**(2,719)**	**(2,719)**	**0**	**2,719**	
	Reduction in borrowings	**2719**	**2719**	**0**	**(2,719)**	

Leicestershire Partnership NHS Trust

Executive Management Board 20/01/2023

Month 9 Trust finance report

Purpose of the Report

- To provide an update on the Trust financial position.

Proposal

- The Committee is recommended to review the summary financial position and accept the reported year to date financial performance.

Decision required: N/A

Governance table

For Board and Board Committees:	Executive Management Board	
Paper sponsored by:	Sharon Murphy, Director of Finance & Performance	
Paper authored by:	Chris Poyser, Head of Corporate Finance Jackie Moore, Financial Controller	
Date submitted:	18/01/2023	
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 report issued to Management Executive Board, Finance & Performance Committee and Trust Board meeting.	
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
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	81- Inadequate control, reporting and management of the Trust's 2022/23 financial position could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and

		financial strategy (including LLR strategy).
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	

V

Leicestershire Partnership NHS Trust

Trust Board – 31.01.23

Board Performance Report December 2022 (Month 9)

Purpose of the report

To provide the Trust Board with the Trust's performance against KPI's for December 2022 Month 9.

Analysis of the issue

The report is presented to Executive Management Team each month, prior to it being released to level 1 committees.

Proposal

The following should be noted by the Trust Board with their review of the report and looking ahead to the next reporting period:

- Owing to issues identified by NHS Digital, the data for the following metrics are unavailable at LLR level from July-22 performance:
    - Discharges followed up within 72 hours
    - Community Mental Health access (2+ contacts)
    - CYP access (1+ contact)
    - EIP waiting times
    - Individual Placement Support
    - Both Perinatal access indicators
- Due to a cyber incident affecting multiple providers, figures sourced from the MHSDS and CYP ED publications have not been published at LLR level from August-22. Breakdown at Trust level are still included. This affects the 'MH Core Data Pack' section of the report.
- Year to date thresholds against metrics in the 'MH Core Data Pack' section relate to the latest month the data is published against for LLR.

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, Director of Finance and Performance	
Paper authored by:	Prakash Patel, Acting Head of Information	
Date submitted:	23.01.23	
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:	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
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	69 - If we do not appropriately manage performance, it will impact on the Trust's ability to effectively deliver services, which could lead to poor quality care and poor patient experience
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	

Leicestershire Partnership NHS
NHS Trust

Trust Board
31 January 2023

Board Performance Report
December 2022 (Month 9)

The metrics in this report relate to the following bricks in the Step Up to Great Strategy

Highlighted Performance Movements - December 2022

Improved performance:

Metric	Performance	
Children and Young People's Access – four weeks (incomplete pathway) Target is 92%	100.0%	This is a sustained performance as priority is given to the urgent referrals, any compliance issues is usually due to patient choice or late cancellation
Cognitive Behavioural Therapy 52 Weeks	0	The CBT improvement plan remains effective in supporting the number of 52 week waiters to fall. Trajectories have been reset with a view to reducing longest waiters for treatment to a maximum of 35 weeks. Long term reduction in wait times to be delivered via the transformation plan, integrating assessment and intervention within the locality Treatment and Recovery Teams.

Deteriorating Performance:

Metric	Performance	
ADHD (18 week local RTT) Target is: Complete - 95%	0.0%	Long waits to access and obtain treatment continue to be an ongoing challenge for the service with referral rates continuing to increase and recurrent commissioned capacity remaining at the capacity agreed in 2016/17. Non-recurrent funding has been made available to support a reduction in waiting times and investment plans are currently in development. Proposing to undertake a workshop to review our mode and ways of working.
Continence (Complete Pathway) Target is 95%	25.2%	This is expected until the backlog is cleared as the patients are seen in chronological order (unless clinical appropriate to see sooner via the traige matrix). Therefore compliance was expected to decrease as the proportion of patients seen outside of the 20 working day target is much higher than those seen within 20 working days. Compliance will start to increase over the coming months when this ratio starts to change.

Other areas to highlight:

Metric	Performance (No)	
Serious Incidents	3	Increased from 2 reported last month
Total number of Category 2 pressure ulcers developed or deteriorated in LPT care	88	Decreased from 91 reported last month
No. of episodes of prone (Supported) restraint	2	Increased from 1 reported last month
No. of repeat falls *Target decreasing trend*	36	Increased from 33 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		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Sparkline
	Total Admissions	398	437	418	404	412	391	436	403	379	400	359	397	
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Sparkline
	Total Admissions	360	383	380	398	422	395	445	437	458				
Covid Positive Prior to Admission		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Sparkline
	Total Covid +ve Admissions	1	0	3	6	20	12	13	12	17	30	4	25	
	Covid +ve Admission Rate	0.3%	0.0%	0.7%	1.5%	4.9%	3.1%	3.0%	3.0%	4.5%	7.5%	1.1%	6.3%	
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Sparkline
	Total Covid +ve Admissions	13	3	7	15	4	8	22	6	33				
	Covid +ve Admission Rate	3.6%	0.8%	1.8%	3.8%	0.9%	2.0%	4.9%	1.4%	7.2%				
Covid Positive Following Swab During Admission	**No of Days**	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Sparkline
	0-2	0	0	0	0	1	1	2	1	3	4	6	5	
	3-7	0	1	0	0	2	1	1	1	8	6	7	9	
	8-14	0	0	0	0	1	0	3	1	7	6	2	7	
	15 and over	1	0	0	0	2	2	11	0	38	43	11	22	
	Hospital Acquired Rate *	0.3%	0.0%	0.0%	0.0%	0.7%	0.5%	3.2%	0.2%	11.9%	12.3%	3.6%	7.3%	
	No of Days	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Sparkline
	0-2	3	0	4	15	5	2	7	4	5				
	3-7	17	2	9	13	4	5	21	2	15				
	8-14	15	2	5	10	2	4	9	5	11				
	15 and over	34	5	33	28	12	16	37	10	19				
	Hospital Acquired Rate *	13.6%	1.8%	10.0%	9.5%	3.3%	5.1%	10.3%	3.4%	6.6%				
	• 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		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Sparkline
	Total Covid +ve Admissions	2	1	3	6	26	16	30	15	73	89	30	68	
	Average Covid +ve Admissions	0.5%	0.2%	0.7%	1.5%	6.3%	4.1%	6.9%	3.7%	19.3%	22.3%	8.4%	17.1%	
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Sparkline
	Total Covid +ve Admissions	82	12	58	81	27	35	96	27	83				
	Average Covid +ve Admissions	22.8%	3.1%	15.3%	20.4%	6.4%	8.9%	21.6%	6.2%	18.1%				

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

Covid cases have increased in the last two months (November/December) prior to the end of the year. This is in line with the regional and national picture. To support patient and staff safety, covid requirements were reviewed. Wearing face masks in all areas where patients are seen (including outpatients and outreach clinics) has been reintroduced. Lateral Flow Testing (LFT) has been introduced into community hospital admissions to support safe patient placement and reduce any associated risk as is possible. This process has identified patients who are positive for covid-19 but are asymptomatic, testing therefore would not normally have been undertaken for these patients. Mask wearing for visitors in all areas has also been re-introduced.

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 are being reported against in 2022/23 until the new metrics have been agreed.

Standard	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period Target is >=95%	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		?	UP
	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%		Over the series of data points being measured, key standards are being delivered inconsistently	
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 No Target		2017/18	2018/19	2019/20	2020/21	2021/22	The majority of scores within Leicestershire Partnership NHS Trust sit in the bottom 20% of the Trusts surveyed by Quality Health. There are 7 scores in the intermediate 60% range and no scores in the top 20% range. Despite this, the Trust does perform fairly well on the score for service users knowing how to contact the person in charge of organising their care if they have a concern.	n/a	n/a
		7.4	6.4	7.1	6.9	6.4		*Not applicable for SPC as reported infrequently*	
The percentage of inpatients discharged with a subsequent inpatient admission within 30 days No Target	**Age 0-15**							n/a	n/a
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22			
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			
	Age 16 or over								
	5.2%	4.4%	4.4%	3.4%	5.4%	7.3%			
The number and, where available rate of patient safety incidents reported within the Trust during the reporting period No Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		n/a	n/a
	1130	1248	990	1110	1238	1148			
	54.4%	64.6%	61.7%	61.2%	63.6%	63.9%			
The number and percentage of such patient safety incidents that resulted in severe harm or death No Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		n/a	n/a
	6	20	11	8	7	8			
	0.5%	1.6%	1.1%	0.7%	0.6%	0.7%			
72 hour Follow Up after discharge Target is >=80% *Aligned with national published data* *(reported a quarter in arrears)*	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	•Task and finish group has been set up to review process inline with national guidance. •A review of discharges is taking place to establish capacity across Community and Urgent Care services to complete the 72 hour follow up contact. •A Quality Improvement project has been established to review and refine processes and ensure there is a robust criteria in place.	N/A	N/A
	78.0%	75.0%	69.0%	76.0%	82.0%	85.0%			

3. CQUINs

The following indicators form part of the 2022/2023 National CQUIN scheme. These will be reported in line with the national submission requirements. The submission deadlines are as follows. Performance will be reported into the BPR thereafter.

Quarter 1 - 25 August 2022
Quarter 2 - 27 November 2022
Quarter 3 - 27 February 2023
Quarter 4 - 28 May 2023

CQUIN No	CQUIN	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4
CCG1	Staff flu vaccinations	Min- 70% Max- 90%				
CCG9	Cirrhosis and fibrosis tests for alcohol dependent patients	Min- 20% Max- 35%	25.0%	50.0%		
CCG 10a	Routine Outcome monitoring in CYP and Perinatal MH services	Min- 10% Max- 40%	4.5%	10.0%		
CCG 10b	Routine Outcome monitoring in CMHT (inc MHSOP)	Min- 10% Max- 40%	0.0%	0.0%		
CCG 12	Biopsychosocial assessments in MH Liaison services	Min- 60% Max- 80%	95.0%	98.0%		
CCG 13	Malnutrition Screening Achieving 70% screening in inpatient hospitals	Min=50% Max=70%	0.0%	0.0%		
CCG 14	Assessment, diagnosis, and treatment of lower leg wounds Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment	Min=25% Max= 50%	0.0%	5.1%		
CCG 15	Assessment and documentation of pressure ulcer risk Achieving 60% assessment in inpatient hospitals	Min=40% Max= 60%	70.0%	69.1%		
PSS6	Delivery of formulation or review within six weeks of admission, as part of a dynamic assessment process for admissions within Tier 4 CYPMH settings	Min: 50% Max: 80%	N/A	100.0%		
PSS7	Supporting quality improvement in the use of restrictive practice in Tier 4 CYPMH settings	Min: 65% Max: 80%	93.1%	N/A		

Commentary:

CCG1 - Reporting begins in Quarter 3
CCG10a/b - Awaiting official MHSDS figures - % given indicative
CCG13 - Data tracing underway. Will be able to report first figures in December 2022
CCG14 - Improvement seen during Quarter 3 with 23.4% reported at the end of October 2022 – on target to achieve minimum for Quarter 3
PSS7 - Quarter 2 - Data not available nationally as yet

4. Mental Health Core Data Pack

The following indicators are LPT's performance as per the Mental Health Core Data Pack. The source for this data is nationally submitted data. Performance is published a quarter in arrears.

Target	Trust Performance							RAG/ Comments on recovery plan position (LPT)
(B1) Discharges followed up within 72hrs Target is >=80%		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	•Task and finish group has been set up to review process inline with national guidance. •A review of discharges is taking place to establish capacity across Community and Urgent Care services to complete the 72 hour follow up contact. •A Quality Improvement project has been established to review and refine a processes and ensure there is a robust criteria in place.
	LLR	75.0%	74.0%	71.0%				
	LPT	78.0%	75.0%	69.0%	76.0%	82.0%	85.0%	
(D1) Community Mental Health Access (2+ contacts) LLR Target is 3351		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	
	LLR	10904	10973	11018				
	LPT	10875	10920	10940	11015	11010	11010	
(E1) CYP access (1+ contact) LLR Target is 10014		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	This target has moved from 2 contacts over the financial year to 1 contact over a rolling year. The system is reporting above target level, LPT is underperforming and there is discussion with ICS to change target due to partner providers more likely to get first contact under new methodology. We are continuing to work as a system to improve the health inequalities in specific population groups that have lower uptake of service provision. Due to national issue there is only local data available
	LLR	11133	11454	11534				
	LPT	5925	5935	5975	5990	6000	6055	
(E4) CYP eating disorders waiting time - Routine Target is >=95% Rolling 12 months (quarterly)		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	The service has received significant additional MHIS investment and have successfully recruited key staff. This is starting to have an impact and they are currently over performing to the recovery trajectory. In November 2022 they were at 93.75%
	LLR			29.0%			29.0%	
	LPT			29.0%			39.4%	
(E5) CYP eating disorders waiting time - Urgent Target is >=95% Rolling 12 months (quarterly)		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	The service continue to prioritise the urgent referrals. Failure of the target is normally due to patient choice rather than a limitation of capacity. The service have been at 100% the last 3 months
	LLR			85.0%			85.0%	
	LPT			84.5%			87.5%	
(G3) EIP waiting times - MHSDS Target is >=60%		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	The service continue to maintain compliance against target.
	LLR	83.3%	81.8%	81.0%				
	LPT	83.0%	83.9%	79.3%	71.7%	71.4%	70.8%	
(I1) Individual Placement Support LLR Target is 191		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Targeted work with teams that have high number of patients registered as unemployed. Event taking place on 30th November, open to all staff, to raise awareness of the service. Robust recovery plan in place that is regularly monitored.
	LLR	125	176	206				
	LPT	125	170	205	235	265	295	

(K2) OOA bed days - inappropriate only No Target		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	
	LLR	2	6	61	60	55	0	
	LPT	0	5	30	30	30	0	
(L1) Perinatal access - rolling 12 months No Target		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Due to a functionality change on the MH Core Data Pack, the chart previously reported can no longer be shown as a benchmark against more than one provider.
	LLR	682	707	747				
	LPT	675	700	735	770	805	820	
(L2) Perinatal access - year to date LLR Target is 315		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	•Current priority remains to reduce DNA rates, exploring some targeted work. •Meeting regularly with the national team and local commissioners to provide assurance around actions to improve performance. •Continued drive to recruit to the service. •Active campaign in progress to increase awareness of the service and, therefore, referrals into the service.
	LLR	181	276	356				
	LPT	180	280	360	415	490	550	
(N1) Data Quality - Consistency No Target		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	
	LLR	100.0%	80.0%	100.0%	100.0%			
	LPT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
(N2) Data Quality - Coverage Target is >=95%		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	
	LLR	83.3%	80.0%	83.3%	83.3%			
	LPT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
(N3) Data Quality - Outcomes Target is >=40%		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	
	LLR	21.9%	24.0%	24.3%	22.9%			
	LPT	22.3%	24.3%	24.5%	23.1%	22.5%	22.3%	
(N4) Data Quality - DQMI score Target is >=90		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
	LLR	59.8	60.3	60	56.5	61.8		
	LPT	94.0	94.0	95.0	91.0	94.0	94.0	
(N5) Data Quality - SNOMED CT Target is 100%		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	
	LLR	82.8%	94.2%	94.8%	97.3%			
	LPT	90.6%	99.0%	99.1%	98.8%	98.6%	98.7%	

5. NHS Oversight

The following targets form part of the 2021/22 NHS Oversight Framework that are being reported against in 2022/23. We continue working with Commissioners to understand the metrics to be reported at system/organisational level.

Target	Trust Performance						RAG/ Comments on recovery plan position
2-hour urgent response activity Early Implementer Target is 70% *(Local data)*	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
	77.0%	80.8%	84.6%	75.7%	73.2%	81.3%	
Daily discharges as % of patients who no longer meet the criteria to reside in hospital No Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
	18.9%	15.9%	20.4%	20.1%	19.9%	22.2%	
Reliance on specialist inpatient care for adults with a learning disability and/or autism *(CCG data)* No Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
	29	29	28	29	29	32	
Reliance on specialist inpatient care for children with a learning disability and/or autism *(CCG data)* No Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
	5	5	8	9	10	9	
Regulator Ratings No Target			*Fin Year*	*Score*	*Comments*		
	Overall CQC rating (provision of high quality care)		2021/2022	2	2 = requires improvement		
	CQC Well Led Rating		2021/2022	2	2 = requires improvement		
	NHS SOF Segmentation Score		2022/2023	2	*Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues*		
Potential under-reporting of patient safety incidents - Number of months in which patient safety incidents or events were reported to the NRLS No Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	October 2022 is the most recent data published						
National Patient Safety Alerts not completed by deadline No Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
	0	0	0	0	0	1	
	Reporting is at point in time and cannot be backdated.						
MRSA Infection Rate No Target *(local data)*	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
	0	0	0	0	0	0	

Clostridium difficile infection rate No Target *(local data)*	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
	0	0	4	2	1	0	
E.coli bloodstream infections No Target *(local data - reported in arrears)*	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	
	1	1	1	0	2	2	
VTE Risk Assessment No Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
	Indicator is a placeholder as is not yet defined in the SOF Technical Guidance						
Percentage of people aged 65 and over who received a flu vaccination No Target *(LLR data - reported a month in arrears)*	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	
				23.2%	67.3%	77.1%	
Proportions of patient activities with an ethnicity code No Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
	Indicator is a placeholder as is not yet defined in the SOF Technical Guidance						

6(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%		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	• The focus of the service is the wider transformation programme. • A flagship component of the Long Term Plan ambition to integrate mental health services around primary care. This will be in both 'fully' integrated (geographically organised teams) and 'virtual' (e.g. systemwide teams operating and tailoring offers in neighbourhoods) • It will move to delivering an ambitious 4 week access target for people with SMI and delivery of three priority pathways (Personality disorder, eating disorder and Community rehab); • There are also multiple delivery expectations on access and recovery for the different targeted populations; • Delivering acceptable waiting times and meeting performance expectations is expected to be a significant component of the transformation of services. These are built into the transformation schemes deliverables. This includes focusing on maximising the performance potential of services as they transition and transform.	N/A	N/A
	Complete	57.5%	53.2%	56.3%	57.1%	66.4%	69.7%		NO	UP
	Incomplete	55.3%	50.6%	54.1%	61.3%	65.5%	62.4%		Key standards are not being delivered but are improving	
Memory Clinic (18 week Local RTT) Target is 95%		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	• A trajectory to improve waiting times compliance has been developed. • The service is completing a month of follow up activity to move patients through the pathway. The effect on waiting times will be monitored. • Weekend clinics have been agreed and commenced on Saturday 14th January to increase capacity.	N/A	N/A
	Complete	31.6%	27.7%	17.0%	18.8%	9.6%	22.1%		N/A	N/A
	Incomplete	62.9%	63.2%	64.8%	63.6%	65.9%	61.4%			
ADHD (18 week local RTT) Target is: Complete - 95% Incomplete - 92%		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	• Long waits to access and obtain treatment continue to be an ongoing challenge for the service with referral rates continuing to increase. • Work has started with ADHD Solutions to support patients pre-diagnosis, whilst on the waiting list and post-diagnosis. • Agreed to recruit to NMP (Non-Medical Prescriber) and Specialist Pharmacist roles.	N/A	N/A
	Complete	6.3%	11.1%	5.9%	8.7%	0.0%	0.0%		N/A	N/A
	Incomplete	1.6%	0.5%	0.3%	0.2%	0.4%	0.6%			
Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral Target is >=60%		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	The service continues to maintain compliance against target.	?	UP
		85.0%	78.6%	87.5%	81.3%	92.9%	88.2%		Over the series of data points being measured, key standards are being delivered inconsistently	

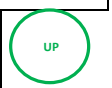
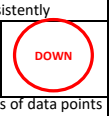
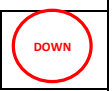
6(b). Access - Waiting Time Standards - CHS

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%	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Number of new patients seen continued to increase in November. The waiting list decreased by 84 and the waiting list is signifcantly lower than the predicted trajectory. As of 28/12/22 - the longest waiter without an appt booked is 7 weeks. The longest waiter with an appt booked is 9 weeks. At the end of December (28/12/22) out of the 229 patients waiting there were 22 patients waiting over 4 weeks and 7 that did not have an appointment booked, Discharges are continuing to increase month on month which helps with patient flow.The service now has more patients waiting within the 20 working day target than outside the target and therefire, it is expected that compliance will continue to increase.	N/A	N/A
	29.3%	28.5%	13.4%	17.9%	25.6%	41.1%			
Continence (Complete Pathway) Target is 95%	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Number of patients waiting continues to decrease due to transformation actions and effective waiting times management. Referrals increased by 157, however the waiting list reduced by 237. Trajectory with best, likely and worse case scenarios in place and monitored monthly; service is currently over-achieving on the likely case scenario. Longest waiter is currently 16 weeks (1 patient) and the next longest is 10 weeks. Compliance is based on a 20 working day target and will not be achieved until the backlog of patients are seen, as patients are seen in chronological order unless deemed priority via traige matrix. Compliance reduced this month due to the proportion of longest waiters seen, compared to those in target. We expect to see compliance start to increase again over the coming months.	N/A	N/A
	50.1%	46.7%	45.9%	33.0%	44.3%	25.2%			

6(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%		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	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. CYP are supported in the community whilst waiting through First Steps		
		n/a	100.0%	66.7%	100.0%	100.0%	100.0%		Over the series of data points being measured, key standards are being delivered inconsistently	
CAMHS Eating Disorder – four weeks (complete pathway) Target is 95%		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	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. The current recovery trajectory is showing an increase in recovery over projection due to new posts being filled and the use of 'First Steps' to provide early preventative intervention.		
		62.5%	70.0%	88.9%	60.0%	87.5%	93.8%		Over the series of data points being measured, key standards are being delivered inconsistently	
Children and Young People's Access – four weeks (incomplete pathway) Target is 92%		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	The service are now consistently meeting this target		
		100.0%	100.0%	94.4%	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%		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	A recent spike in referrals is being addressed through additional clinics. A recovery trajectory is in place with expected recovery May 2023. This is heavily reliant on appropriate referrals from the Triage and Navigation Hub		
		90.9%	92.1%	79.9%	62.3%	54.9%	55.5%		Over the series of data points being measured, key standards are being delivered inconsistently	
Aspergers - 18 weeks (complete pathway) Target is 95%	Wait for Treatment	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	The service has received record referrals with 866 referrals by the end of 21/22. This would be an increase of 127% from the 20/21 referral rate of 20/21 or 57% from the previous record of 549 referrals in 2019/20. The current referral rates suggest 800+ referrals for 22/23. (RTT). The service were given non-recurrent additional funding this year which have been risk-managed with recurrent staffing who are coming into post now and will have some overall impact. The service has implemented stricter referral in criteria from October which has significantly reduced the number of referrals	N/A	N/A
		0.0%	0.0%	6.3%	3.4%	0.0%	0.0%			
	No. of Referrals	71	66	58	48	5	1			
LD Community - 8 weeks (complete pathway) Target is 95%	Wait for Assessment	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Currently 57 out of 116 incomplete pathways are referrals from within LD. The service is reviewing this pathway and is working to update the KPI to remove this. For new external referrals, the service has been able to reduce to the total number of patients on the core new assessment waiting list from 108 in July to 49 in November.	N/A	N/A
		64.5%	66.1%	59.7%	41.1%	57.6%	60.7%			
	No. of Referrals	77	55	53	75	49	48			
6-week wait for diagnostic procedures (Incomplete) Target is >=99%		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	In line with national COVID-19 guidance, this service was suspended. It was re-established in October 2020. We were able to address a significant amount of the backlog in 2021/22 with additional Headroom Investment. The service has reviewed their COVID IPC arrangements and are now offering close to pre-covid numbers per clinic.		
		70.4%	62.0%	71.8%	71.8%	75.6%	78.7%		Key standards are being delivered but are deteriorating	

7. 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	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	52 weeks	The CBT improvement plan remains effective in supporting the number of 52 week waiters to fall. Trajectories have been reset with a view to reducing longest waiters for treatment to a maximum of 35 weeks. Long term reduction in wait times to be delivered via the transformation plan, integrating assessment and intervention within the locality Treatment and Recovery Teams.	NO	DOWN
	22	13	2	0	1	0			Key standards are not being delivered but are improving	
Dynamic Psychotherapy	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	93 weeks	The number of 52 week waiters are below the planned trajectory. Trajectories have been reset with a view to reducing longest waiters for treatment to a maximum of 35 weeks. Long term, sustainable reduction in wait times to be delivered via the transformation plan, integrating assessment and intervention within the locality Treatment and Recovery Teams. Trajectories are being reset.	NO	DOWN
	14	13	11	8	7	8			Key standards are not being delivered but are improving	
Therapy Service for People with Personality Disorder - assessment waits over 52 weeks (a month in arrears)	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	194 weeks	Currently exploring options around recording/reporting of referrals to strengthen reporting processes and illustrate flow through the TSPPD pathway. The treatment waiting times for TSPPD refer to period waiting for the current treatment offer. The longest patient waiting has previously been seen for treatment and is waiting for a specific treatment. Following recruitment of new staff and the development of treatment programmes, a significant number of service users are being offered and completing treatment within locality teams.	N/A	N/A
	317	300	288	287	278	276				
CAMHS	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	97 weeks	These are split between treatment waits and Neurodevelopmental diagnosis.	NO	UP
	127	134	146	183	197	218			Key standards are not being delivered and are deteriorating/ not improving	
All LD - No's waiting over 52 weeks	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	175 weeks	The majority of these are with the Adult Autism Service. There are still a few not wishing to be seen due to increased vulnerabilities.	N/A	N/A
	105	104	103	119	118	123				

8. 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%	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	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.	?	UP
	85.4%	88.2%	89.8%	90.9%	92.9%	90.9%		Over the series of data points being measured, key standards are being delivered inconsistently	
Occupancy Rate - Community Beds (excluding leave) Target is >=93%	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Work continues to identify the reasons for delayed discharges to LPT and now working collaboratively to ensure patients are not delayed going forwards. Extended criteria to admit patients awaiting packages of care with a start date (this may contribute to increased length of stay going forwards).	?	UP
	92.3%	92.2%	90.5%	86.8%	88.5%	91.3%		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.	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	The Trust consistently is below the national benchmark of 25 days.	YES	UP
	20.7	21.6	21.4	20.8	18.5	20.3		Key standards are being delivered but are deteriorating	
Delayed Transfers of Care Target is <=3.5% across LLR	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	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.	?	UP
	5.8%	4.8%	4.4%	5.0%	5.9%	4.3%		Over the series of data points being measured, key standards are being delivered inconsistently	
Gatekeeping Target is >=95%	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		?	UP
	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%		Over the series of data points being measured, key standards are being delivered inconsistently	
Inpatient Admissions to LD and MH Wards with a Learning Disability *(Rolling 12 Month)* Target: Adult =36 CYP=3	**Adult**						The service are working through issues with the data.	N/A	N/A
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22			
	CYP								
	Work is ongoing to define and agree methodology. Back-dated information will be produced once information is signed off.								
Admissions to adult facilities of patients under 18 years old Target = 0	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		n/a	n/a
	0	0	0	0	0	0			

9. Quality and Safety

Target	Trust Performance							RAG/ Comments on recovery plan position	SPC Flag	
									Assurance of Meeting Target	Trend
Serious incidents		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		?	NO CHANGE
		5	8	6	5	2	3			
	Indicator under review								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		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		NO	NO CHANGE
	Day	8	5	4	4	4	3			
	Night	2	2	2	1	1	1			
									Key standards are not being delivered and are not improving *SPC based on day shift*	
Care Hours per patient day No Target		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		N/A	N/A
		11.1	11.2	11.4	11.3	11.3	10.8			
									Key standard has no target; however performance is consistent	
No. of episodes of seclusions >2hrs Target decreasing trend		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		N/A	NO CHANGE
		7	8	7	13	19	4			
									Key standard has no target; however performance is consistent	
No. of episodes of prone (Supported) restraint Target decreasing trend		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		N/A	DOWN
		0	2	0	2	1	2			
									Key standard has no target; however performance is consistent	
No. of episodes of prone (Unsupported) restraint Target decreasing trend		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		N/A	DOWN
		0	0	0	0	0	0			
									Key standard has no target; however performance is consistent	
Total number of Restrictive Practices (No target)		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		N/A	N/A
		180	166	108	109	221	88			

No. of Category 2 and 4 pressure ulcers developed or deteriorated in LPT care Target decreasing trend (RAG based on commissioner trajectory) *(Reported a months in arrears)*		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22		N/A	NO CHANGE
	Category 2	81	66	121	87	91	88			
	Category 4	6	3	3	6	4	3		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 *(Reported a months in arrears)*		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22		N/A	DOWN
		31	36	32	27	33	36			
									Key standard has no target; however performance is consistent	
LD Annual Health Checks completed - YTD Target is 70%		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Year To date from 1 April 2022	N/A	N/A
		14.6%	20.9%	27.6%	32.9%	38.9%	45.0%			
LeDeR Reviews completed within timeframe (No Target)		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	New LeDeR system is in place – need to redefine.	N/A	N/A
	Allocated	25	17	16	84	20	21			
	Awaiting Allocation	2	11	12	12	5	8		N/A	N/A
	On Hold	0	2	2	1	0	1		N/A	N/A

10. 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%	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		YES	DOWN
	9.7%	9.3%	9.2%	9.1%	8.8%	8.8%		Key standards are being consistently delivered and are improving performance	
Vacancy rate Target is <=7%	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		NO	UP
	14.3%	15.5%	14.3%	13.6%	12.9%	12.7%		Key standards are not being delivered and are deteriorating	
Health and Well-being Sickness Absence (1 month in arrears) Target is <=4.5%	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22		NO	NO CHANGE
	5.1%	5.0%	4.8%	5.1%	5.8%	5.4%		Key standards are not being delivered and are deteriorating/ not improving	
Health and Well-being Sickness Absence Costs (1 month in arrears) Target is TBC	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22		n/a	n/a
	£745,752	£805,372	£755,961	£811,202	£968,224	£897,101			
Health and Well-being Sickness Absence YTD (1 month in arrears) Target is <=4.5%	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22		n/a	n/a
	4.9%	5.1%	4.9%	4.9%	5.1%	5.1%		Not applicable for SPC as measuring cumulative data	
Agency Costs	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		NO	UP
	£2,893,923	£2,523,943	£2,661,362	£2,677,028	£2,653,661	£2,723,956		Key standards are not being delivered and are not improving	
Core Mandatory Training Compliance for substantive staff Target is >=85%	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		YES	UP
	93.2%	93.8%	93.8%	94.4%	94.8%	94.2%		Key standards are being consistently delivered and are improving	
Staff with a Completed Annual Appraisal Target is >=80%	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		YES	DOWN
	81.3%	82.2%	82.2%	82.7%	83.3%	82.8%		Key standards are being delivered but are deteriorating	
% of staff from a BME background Target is >= 22.5%	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		?	UP
	25.0%	25.1%	25.2%	25.2%	25.4%	25.9%		Over the series of data points being measured, key standards are being delivered inconsistently	
Staff flu vaccination rate (frontline healthcare workers) Target is >= 80%	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		n/a	n/a
	n/a	n/a	n/a	n/a	47.4%	51.9%			
% of staff who have undertaken clinical supervision within the last 3 months Target is >=85%	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		NO	NO CHANGE
	83.9%	77.9%	77.9%	78.9%	80.8%	79.4%		Key standards are not being delivered and are deteriorating/ not improving	
Health and Wellbeing Activity - No of LLR staff contacting the hub in the reporting period	2022-23 Q1	2022-23 Q2	2022-23 Q3	2022-23 Q4			The data has been cleansed, the numbers are now specific to the Hub.	N/A	N/A
	275	242							

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 – December 2022

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

Normalised Workforce Turnover rate
Core Mandatory Training Compliance for Substantive Staff

Key standards being delivered but deteriorating

C 6-week wait for diagnostic procedures
C Length of stay - Community Services
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 – 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
C Occupancy rate – community beds (excluding leave)
% of staff from a BME background
MH Data Quality Maturity Index
Children and Young People's Access – four weeks (incomplete pathway)

Key standards not being delivered but improving

Dynamic Psychotherapy over 52 weeks
Cognitive Behavioural Therapy over 52 weeks
Adult CMHT Access six week routine (incomplete)

Key standards not being delivered but deteriorating/ not improving

Safe Staffing
Personality Disorder over 52 weeks
Agency Cost
Vacancy rate
Sickness Absence
% of staff who have undertaken clinical supervision within the last 3 months
CAMHS over 52 weeks

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)
Admissions to adult facilities of patients under 18 years old

Governance table

For Board and Board Committees:	Trust Board	
Paper sponsored by:	Sharon Murphy - Director of Finance and Performance	
Paper authored by:	Information Team	
Date submitted:	23/01/2023	
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
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	69 - If we do not appropriately manage performance, it will impact on the Trust's ability to effectively deliver services, which could lead to poor quality care and poor patient experience.
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:		

W

Leicestershire Partnership NHS Trust

CHARITABLE FUNDS COMMITTEE– DATE 6th DECEMBER 2022

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	The risk assessment 4669 (estates resources available to support projects) would be retained until specific estates dependent projects had been completed. A new risk was approved, detailing the risk that the charity's bank balance exceeds the Financial Services Compensation Scheme (FSCS) limit of £85k.	4669 5311
Fundraising Manager's report	High	Highlights against Raising Health strategic objectives noted were: (Visibility) – the 9 roadshow events had been well received and this has increased staff engagement with the charity.. (Income) – Events and fundraising continue for agreed schemes. The Christmas appeal is buying presents for all 550 adult inpatients. This year we have joined up with the Youth Advisory Board (YAB) so that we can support each other's fundraising efforts under one banner. We will buy a further 50 gifts for young people. The Flagship appeals have now been confirmed as: • FYPC/LD - Autism Groups & Beacon Sensory Room	

Report	Assurance level*	Committee escalation	Risk Reference
		• DMH - Outdoor gyms and Stewart House indoor gym • CHS - Dementia Friendly Wards (Grants) – NHS Charities Together will be awarding grants between £25k & £300k for green spaces for therapy. The charity will be making a bid for our therapy garden and ward gardens at the Bradgate Unit. (Partnerships) – work continues to develop relationships with external partners, including working with corporate partners on the Christmas appeal, including sponsorship of Christmas trees.	
Finance report – Q2	High	Total income was an increase of £17k at the end of quarter 2, comprising realised income of £169k and an unrealised investment loss of £152k. Expenditure was £169k at the end of quarter 2. Future expenditure commitments (including NHSCT and Carlton Hayes bids) total £244k The cash balance was £423k at the end of September. Cash was expected to remain in a good position in the rolling 3-year cash flow forecast. Total funds available was £2.3m at the end of quarter 2, a decrease of £152k since the start of the financial year. .	
Budget setting for running of charity – 2023/24	High	The 2023/24 budget setting paper was approved. Costs have decreased by 2% compared to 2022/23.	
Raising Health overhead costs review – 2023/24	High	The 2023/24 overhead cost was shown as 12% of income (2022/23 25%) and 13% of costs (2022/23 10%). It was agreed that benchmarking would be helpful to assess the charity's performance.	
Internal audit – Charitable Funds effectiveness of controls audit report	High	As the internal audit report had given substantial assurance (the highest rating possible), there were no actions to follow up. The committee thanked the teams again, noting that this result reflected a lot of hard work and commitment.	
Annual assurance and review of policies and procedures	High	The report was presented which detailed the individual financial governance reviews undertaken during the year. The committee was assured that the charity's financial	

Report	Assurance level*	Committee escalation	Risk Reference
		governance procedures are reviewed and updated regularly.	
Updates on Previous Bids	High	Estates projects – work on the Coalville Hospital garden was discussed in the fundraising manager's report.	4669
New bids received	High	Bids received: Mill Lodge accessible vehicle – lease or buy decision – it was agreed that the vehicle should continue to be leased, using the 2 years' funding available. Research bid - £10k funding was requested to build research capacity in the Trust. Funding would need to be identified within existing Raising Health funds to support this. The committee supported the bid.	
New funds created	High	None reported.	
Work plan	High	The work plan was reviewed and agreed for 2022/23.	
Review of risk register	High	No new risks were identified.	
AOB	High	None received.	

Chair	**Cathy Ellis, Trust Chair & Raising Health Trustee Chair**

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Leicestershire Partnership NHS Trust

TRUST BOARD – 31 January 2023

AUDIT AND ASSURANCE COMMITTEE – 9 December 2022

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**	Three final reports had been issued since the previous meeting, one with limited assurance, one with significant assurance and the Review of HFMA Improving NHS Financial Sustainability Checklist which was an advisory review so no opinion was provided. The HoIAO stage one work had recently been completed and no issues were raised, stage two work was ongoing. AAC agreed the cancellation of the Patient Safety Incident Response Framework review for this year due to slippage of the timeframes for introduction and rollout of the framework and the Trust still having a significant amount of work to do to align to it.	62, 70 71*
Review of HFMA Improving NHS Financial Sustainability Checklist		An update on LPT's self assessment against the 72 questions in the HFMA checklist was received. LPT had rated itself as a 5 (*little or no improvement required*) in 16 areas and as a 4 (*well performing but improvements could be made*) in 34 areas. Only 7 areas were seen as potentially needing significant improvement. An action plan had been developed for those areas scored between 1 and 3. 360 Assurance had reviewed the Trust's self-assessment for 12 NHSE specified questions, 8 questions had scored 4 or 5 and 4 questions had scored 3. An update on progress of the actions would be provided to future meetings.	
External Audit Progress Report	**High**	AAC received an update on the work undertaken since the last meeting. Revised International Standard on Auditing 315 had been introduced to achieve a more rigorous risk identification and assessment process and the impact of this was that KPMG had more work to do at the risk assessment and planning stage.	62, 70 71*

Report	Assurance level*	Committee escalation	ORR Risk Ref
Counter Fraud Progress Report	**High**	The Committee received a summary of the work that was underway or had been completed since the last meeting. The key points highlighted were on progress against the Counter Fraud Functional Standards and progress on reactive work relating to potential expenses fraud and allegations of staff working elsewhere whilst absent from their Trust post through declared sickness. Discussion focused on how to engage staff in counter fraud awareness training as it was not currently mandatory.	62, 70 71*
Risk Manage-ment Update	**High**	An update was received on changes made to arrangements since the last meeting. The main changes to the high risk profile related to provision of FM services now that they had been brought in-house, cyber threat and CMHT capacity. The committee was fully assured on the systems and processes in place to secure an effective risk management and assurance framework.	62*
Legal Regulatory Issues	**High**	The key issues to note were; • Module 3 of the COVID-19 inquiry had opened which would look at the impact of the pandemic on healthcare. • A report on the independent investigation into East Kent maternity and neonatal services would be presented to the December meeting of QAC. • A Board development session on the CQC's new Single Assessment Framework was to be set up with NHFT and the CQC.	62*
Internal and External Audit Follow up of Actions	**High**	The Trust percentage implementation rate for internal audit actions was 94% for first follow-up and overall follow-ups. There were three actions due to be completed by the end of December 2022. One external audit action had been reviewed internally and determined as closed.	62*
Revised Committee Highlight Report	**High**	AAC approved the revised report which had split the assurance level column to enable rating of two different components; where the Trust was currently; and on the plans in place. The change had been made as a result of feedback received through the committee annual review process.	
Policy for the Governance of Policies	**High**	An update on the new approach to managing policies was received. AAC approved adoption of the revised policy and recommended it be presented to Trust Board for approval.	
Treasury Management Policy	**High**	The Committee approved the policy and bank mandate following its annual review, only minor changes had been made.	

Report	Assurance level*	Committee escalation	ORR Risk Ref
Financial Waivers	**High**	The report covering quarter 2 of 2022/23 was presented, a total of 23 waivers with a value of c£677k (excl. VAT) had been raised. Eleven of the waivers at a value of c£409k directly related to the insourcing of the estates and facilities function and the contracts associated with delivering this service. AAC agreed a high level of assurance specifically because the number of waivers were trending back to pre-pandemic levels if estates/facilities waivers were excluded and half of the waivers attributed to 'insufficient timescale' related to the transfer of FM services from UHL to LPT.	62, 70 71*
Annual Financial Accounts Timetable	**High**	An overview of the 2022/23 annual accounts process and timetable was presented for information, there were no specific concerns to highlight. An update report would be provided to the next meeting.	62, 70 71*
NHSE EPRR Core Standards Self-Assessment Assurance Review 2022/23	**Medium**	Of the 55 standards that LPT reported against, 46 were reviewed as fully compliant (green) with 4 partially compliant (amber). On review of the position, NHSE had agreed the 4 partially compliant standards in the LPT submission but advised that a further 5 standards be downgraded from fully compliant to partially compliant. A plan was being developed to respond to the nine areas. AAC was only partially assured because; • LPT management understanding of assurance criteria differed to NHSE's; • There were now more partial compliance areas due to the downgrade by NHSE; • The action plan to drive up compliance to the NHS EPRR Core Standards 2023/24 was not yet available.	
Chairs of QAC / FPC - updates on key issues	**High**	Specific pieces of work that would continue into future QAC meetings included the quality and safety review of LPT's MH, LD, autism, CAMHS and OPMH services which had been undertaken in conjunction with NHFT as a response to the letter from the National Director of Mental Health and the concerns raised by the BBC documentary; LPT's alignment with the Patient Safety Incident Response Framework; and the development of a quality dashboard and metrics associated with it. Discussion at FPC had focused on the transfer of FM services from UHL which had taken place on 1 November, financial pressures, performance across the board and strategic workforce. The Committee agreed there was a high level of assurance that QAC and FPC were operating in line with their objectives within LPT's governance.	62, 70 71*

Report	Assurance level*	Committee escalation	ORR Risk Ref
Highlight reports	**High**	AAC received the highlight reports for the Quality Assurance, Finance and Performance, Charitable Funds, Remuneration and Policy Committees and agreed there was a high level of assurance as all issues highlighted by committee chairs were being addressed.	
Freedom to Speak Up Update	**No rating given**	The annual assurance review of the freedom to speak up process was presented. AAC agreed the lack of adequate information the report provided, lack of trend data and the FTSUG's inability to sufficiently address the questions raised at the Committee, being new in his role, made it difficult for a level of assurance to be given. Follow-up work on FTSU would be prioritised for January 2023 and a report presented to the next meeting in March. The Deputy Director of Governance and Risk would work with the FTSU team on the clarity of purpose of the report. In response to queries on how issues of detriment were being addressed, the chair emphasised that FTSU was an important aspect for the Trust, and the Committee and Trust Board were fully committed to encouraging staff to speak up and to the principles of FTSU.	

Chair	**Hetal Parmar**

*****principal risk(s) shown but will also cover other risk on ORR