

Leicester
City Council

**MEETING OF THE HEALTH AND WELLBEING SCRUTINY
COMMISSION**

DATE: WEDNESDAY, 3 MARCH 2021

TIME: 5:30 pm

PLACE: Zoom Meeting

Members of the Commission

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

Councillors Aldred, Chamund, March, Dr Sangster and Westley

1 unallocated Non-Group place.

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

For Monitoring Officer

Officer contacts:

Jason Tyler (Democratic Support Officer):
Tel: 0116 454 6359, e-mail: Jason.Tyler@leicester.gov.uk

Kalvaran Sandhu (Scrutiny Policy Officer):
Tel: 0116 454 6344, e-mail: Kalvaran.Sandhu@leicester.gov.uk

Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Information for members of the public

PLEASE NOTE that any member of the press and public may listen in to this 'virtual' meeting on Zoom through YouTube at the following link:

https://www.youtube.com/channel/UCddTWo00_gs0cp-301XDbXA

Members of the press and public may tweet, blog etc. during the live broadcast as they would be able to during a regular Commission meeting at City Hall.

It is important, however, that Councillors can discuss and take decisions without disruption, so the only participants in this virtual meeting will be the Councillors concerned, the officers advising the Commission and any external partners invited to do so.

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Making meetings accessible to all

Braille/audio tape/translation - If you require this please contact the Democratic Support Officer (production times will depend upon equipment/facility availability).

Further information

If you have any queries about any of the above or the business to be discussed, please contact: Jason Tyler, Democratic Support Officer on (0116) 454 6359 or email jason.tyler@leicester.gov.uk

For Press Enquiries - please phone the **Communications Unit on 454 4151**

**USEFUL ACRONYMS RELATING TO
HEALTH AND WELLBEING SCRUTINY COMMISSION**

Acronym	Meaning
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
BCT	Better Care Together
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
LCCCG	Leicester City Clinical Commissioning Group
ELCCG	East Leicestershire Clinical Commissioning Group
WLCCG	West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DAFNE	Diabetes Adjusted Food and Nutrition Education
DES	Directly Enhanced Service
DMIRS	Digital Minor Illness Referral Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View

HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWLL	Healthwatch Leicester and Leicestershire
ICS	Integrated Care System
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PCT	Primary Care Trust
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
TASL	Thames Ambulance Services Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

PUBLIC SESSION

LIVE STREAM OF MEETING:

A live stream of the meeting will be available on the link below:

https://www.youtube.com/channel/UCddTWo00_gs0cp-301XDbXA

AGENDA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

3. MINUTES OF PREVIOUS MEETING

**Appendix A
(Pages 1 - 8)**

The minutes of the meeting held on 20 January 2021 are attached and the Commission will be asked to confirm them as a correct record.

4. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT PREVIOUS MEETINGS

To receive an update on the following item which was considered at a previous meeting of the Commission:

HOSPITAL READMISSION DATA

5. CHAIR'S ANNOUNCEMENTS

6. PETITIONS

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

7. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

8. COVID 19 UPDATE

The Director of Public Health will provide a verbal update on the latest position.

9. VACCINATIONS UPDATE

The Director of Public Health and the Clinical Commissioning Groups will give a presentation to provide an update on the Covid-19 and flu vaccination roll outs.

10. UHL AUDIT UPDATE

**Appendix B
(Pages 9 - 28)**

The UHL submits a report, which explains the Trust Board's decision not to agree the 2019/20 annual accounts as 'true and fair' and sets out the action being taken to address the issue.

11. ADULT AND OLDER PEOPLE MENTAL HEALTH

**Appendix C
(Pages 29 - 40)**

The Leicestershire Partnership NHS Trust will give a presentation to provide an update on the Adult and Older People Mental Health workstream.

12. LPT IMPROVEMENT JOURNEY

**Appendix D
(Pages 41 - 70)**

The LPT submits a report, which provides a narrative to the Trust's Quality Improvement journey since the 2018 CQC report and an updated current position as at February 2021.

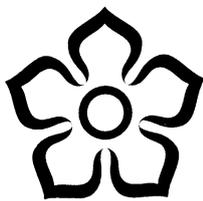
A presentation will also be given to support the update.

13. WORK PROGRAMME

**Appendix E
(Pages 71 - 72)**

The Commission's Work Programme is submitted for information and comment.

14. ANY OTHER URGENT BUSINESS



Leicester
City Council

Appendix A

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: WEDNESDAY, 20 JANUARY 2021 at 5:30 pm

P R E S E N T :

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

Councillor Aldred Councillor Chamund
Councillor March Councillor Sangster
Councillor Westley

In Attendance:

Councillor Dempster, Assistant City Mayor - Health

* * * * *

21. APOLOGIES FOR ABSENCE

There were no apologies for absence.

22. CHAIR'S ANNOUNCEMENTS

The Chair welcomed Councillor Whittle to the meeting. It was noted that Councillor Whittle was in attendance to ask questions under the Covid update item at the Chair's discretion.

23. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

24. MINUTES OF PREVIOUS MEETING

The Chair referred to an issue raised by a member of the public concerning the minutes. It was noted as a matter of clarification that an image shown as part of a response during UHL consultation on the business case was purely an image and did not represent a structure to be built as part of the proposals.

The Chair also confirmed that the meeting recordings were held in a library on the Council's website.

AGREED:

That the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 16 December 2020 be confirmed as a correct record, subject to the above clarification.

25. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

26. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations and statements of case had been submitted in accordance with the Council's procedures.

27. COVID19 UPDATE

The Director of Public Health gave a presentation, confirming the key messages as an update to the current Covid 19 pandemic situation.

It was reported the most recent data showed 27,000 confirmed positive tests with an infection rate at approximately 600. This figure was falling but was considered to still be at a high level. It was noted that data relating to the most vulnerable groups showed that the rate in children had stabilised, but there had been an increase in the 60 plus category.

In terms of hospital admissions, it was reported that these had been high since November 2020 and when countywide admissions were factored in for various conditions, the pressure on hospitals was exacerbated.

Using information received from the UHL including city and county residents, there were 472 Covid patients, 1037 non-Covid patients and 199 unoccupied beds, which gave an 88% occupancy rate.

The data concerning mortality was confirmed, with 2929 deaths in 2020. Averages on previous years, were around 2500. It was also confirmed that 17% of deaths had a mention of Covid on certificates. There had been 509 deaths within the past 28 days. Charts were displayed within the presentation, which showed further detailed information of results, 7-day averages, age bands and hospital admissions.

In concluding the presentation, details of the access to updated information as available on the Council's website were provided.

The Director also confirmed that the new variant presented a significant impact as the predominant variant, with recent data showing that 64% of cases were new variant cases.

It was emphasised that the situation was being monitored carefully and the key public health messages including social distancing, self-isolation, hand hygiene and ventilation remained important to reduce the rate.

The Chair invited Commission members to ask questions and the following points and responses were noted:

The scale of asymptomatic cases was clarified at a lower level than that reported recently, where data from the launch and rollout of the Fosse testing station could be used to identify trends. The actual figures could be circulated separately but it was expected that there were around 5-10% of asymptomatic cases.

Lateral flow testing had presented challenges and concerns with potentially misleading results as some tests and results were not being administered or read by health professionals. Strong guidance and advice were given accordingly, including the need for repeated tests to be undertaken. Concerns remained with negative test results being used as a means to enable rules and guidance to be ignored.

The effect on hospitals, their capacity and the morale of the workforce were significant. The role of volunteers had increased, and staff were receiving vaccinations. It was reported positively that the collaboration across local government, the voluntary and independent sectors and other partners had enhanced and the initiative to repeat this message had increased morale.

At this point, the Chair invited Councillor Whittle to ask his question, as recorded in the earlier item.

Councillor Whittle thanked the Chair for allowing the opportunity to address the Commission under his discretion, and asked the following question:

"In a Commons debate on Friday MPs were advised that an estimated 300,000 people in the UK are now living with the long-term effects of long Covid. What information do we have about the number of people suffering from long Covid in Leicester?"

In response, it was reported that the long covid symptom study definitions suggested approximately 2% of cases (1250 people) would still have symptoms at 12 weeks, using the definition as described. A clinic established for long covid had been established with over 700 referrals since June 2020. It was noted that although initially established for hospital patients the clinic would now be accepting GP referrals and further information could be supplied to Councillor Whittle on the development of the clinic, including details of the referral pathways to ensure that long Covid cases were not missed.

The Chair referred to media reports relating to the rate of readmissions following discharge and questioned whether this was being monitored and considered as part of the ongoing consultation on the hospital plans. It was confirmed that there were regular reports prepared on the issues and that data could also be circulated separately.

The Chair then referred to over the rising data relating to the over 60s and concerns at the disproportionate levels in that age range.

The Director of Social Care responded on the position in care homes and the testing processes, with staff receiving PCR tests each week, and residents tested once every 4 weeks.

Previous results had stabilised for a period, with around 80 positive per week, of which 60 were staff and 20 were residents. The current increase was significant with the most recent data showing 216 positive cases and a shift in the ratio between staff and residents. Of the 105 care homes in the city, 35 had now confirmed positive tests. It was clarified that this was a national trend and that the data also compared similarly to other council areas in the region.

In response to further questions the dignity in end of life care was emphasised and it was recognised that hospital admissions from care homes were not always the most suitable option.

It was also confirmed as further reassurance that the CQC were involved in the process as an independent body to ensure appropriate external scrutiny of the care plan process.

In relation to repeat tests and the recording of data, particularly where more than one test site had been visited, it was confirmed that anyone receiving consistent and/or repeated positive tests would be recorded as one individual case.

The Vice-Chair asked for clarification concerning the extent of the policies to ensure a minimum impact on the workforce. In reply it was highlighted that psychological and physical support had been heightened, to ensure that staff were able stay in work. Recruitment had also increased including flexibility in the use of bank/agency staff and engagement with volunteers. There were also enhanced partnerships arrangements in place with support from external contributors, including the military.

In conclusion the Chair reminded members that issues and comments concerning the vaccination programme would be considered at the subsequent item.

It was AGREED:

- 1) That the update be noted.
- 2) Data relating to the rate of hospital readmissions following discharge would be circulated to Commission members after the meeting.

28. VACCINATIONS - FLU AND COVID19

The CCGs submit two papers, which provide an update on the uptake of the flu vaccination programme 2020/21 with a focus on Leicester City and an update on the development of the National Covid-19 vaccination programme and progress across Leicester Leicestershire and Rutland.

In respect of the Flu Vaccination Programme the importance of maintaining a high vaccination coverage was highlighted, however the delivery of this year's programme was more challenging because of the impact of Covid-19.

The report provided an update on the uptake of the Leicester Leicestershire and Rutland flu vaccination programme 2020/21 with a focus on Leicester City, with data taken from the IMMFORM national database. It was noted that practice level data from IMMFORM could not be shared in the public domain due to licensing restrictions and this situation was being monitored. Updates would be provided if and when available and appropriate to do so.

In respect of the Covid-19 Vaccination Programme the report provided an update on the development of the National Covid-19 vaccination programme and progress across Leicester Leicestershire and Rutland.

It was noted and recognised that the vaccination programme was extremely dynamic, and information would be updated as necessary in due course. The report provided details of vaccination locations, priority groups, vaccine development and availability, spacing of doses, and delivery.

In terms of the next steps it was noted that Next Steps it was reported that a larger scale vaccination centre at the Peepul Centre was in progress and subject to regional and national sign off was due to go live in January 2021. Other sites were being considered, including an additional Hospital Hub. All would be subject to the strict requirements on infection control requirements, security, storage, and IT infrastructure.

In response to questions it was confirmed that the spacing of flu vaccinations and Covid vaccinations was currently one week, and the spacing between first and second Covid vaccinations was currently 3 months. It was accepted that

some people had received a second Covid dose, as this would have been arranged before the guidance was changed.

The initiative to launch a vaccination centre at the Peepul Centre was supported, and the need to encourage its use and monitor attendance was highlighted.

The Chair raised a point sent to him by a member of the public relating to predicted problems for individuals with residency, immigration or nationality issues who were not on GP lists. It was also considered that those with mental health problems, the homeless and other vulnerable groups who would be in most need of the vaccine would not be referred.

In response it was confirmed that GPs lists were being used as the primary process to offer vaccinations, however reassurance was provided that outreach work including liaison with Inclusion Health Care had been accelerated and updates could be provided at a later date.

The Vice-Chair also raised issues with the hard to reach communities and referred to negativity of the effectiveness of the vaccines being reported to him. It was advised that greater liaison with community leaders and the use of popular social media platforms be improved. In relation to people refusing vaccines, it was accepted that numbers and impacts would be better known as the programme developed and when trends could be assessed.

It was noted that the need to meet the needs of BAME communities and an explanation of the granular detail of that support, including the availability of venues and facilities needed to be heightened. It was suggested that the communication plans in the process be shared with Councillors and flexibility of the support be encouraged.

In terms of the national vaccination programme, it was confirmed that the city data was in accordance with national statistics and that the region had received a large quantity of vaccines compared to other areas. The confusion in communities relating to which GPs were offering vaccines at locations was explained, it being noted that the locations were determined according to size and scale and that the delivery was not GP led, but was organised by the PCT.

In conclusion, the Chair referred to the need to monitor data and commented on the recent example of 'test-and-trace', where monitoring could only be achieved when data was available. The importance of gathering information was emphasised and supported.

It was AGREED that:

- 1) The update and position be noted.
- 2) The CCGs provide an update at the next meeting on how they are reaching those with immigration status issues, as part of the vaccination programme.

- 3) The CCGs share the communications plans with Commission Members, for comment.

29. HEALTH AND SOCIAL INEQUALITIES RELATING TO THE COVID-19 PANDEMIC

The Director of Health submitted a report, which provided an overview of the health and social inequalities related to the covid-19 pandemic.

It was reported that analysis had been undertaken by Public Health England PHE in their 2020 report “Disparities in the risks and outcomes of Covid-19” which confirmed that older people, males, people from deprived backgrounds and people from BAME backgrounds were more likely to die with Covid-19.

The Director of Public Health reported that reasons for this inequity were complex and involved a combination of economic and social drivers such as lifestyle and behaviour.

It was noted that the additional health burden of Covid-19 is of particular concern locally given the diversity and deprivation experienced by the population of Leicester.

In conclusion of the presentation, it was reported that a defined programme of work was required to measure the specific impacts and to recommend mitigations to address inequalities and improve health equity going forward.

AGREED to:

- 1) Note the content of the report
- 2) Support the ongoing programme of work to identify and address the impact of covid-19 on health and social inequalities across Leicester
- 3) Receive an update on the inequality impact of Covid 19 on the local population

30. DRAFT REVENUE BUDGET 2021-22

The Chair referred to the Director of Finance’s report, which considered the City Mayor’s proposed budget for 2021/22 and medium-term projections up to 2024. The Commission was asked to make comment on the public health items relating to its portfolio.

The Assistant City Mayor (Health) commented on key issues within the report, relating to the continued commitment to fund 0-19 services, although his had been put on hold due to recent Covid-19 implications and restrictions. It was expected that consultation would be enhanced to allow the contract concerned

to be extended. The further ongoing commitments to mental health services and physical health services would also receive further investment which was welcomed.

In response to questions put by Commission members, it was confirmed that the budget for substance misuse was included in the Adults Services line in the budget. In terms of the public health grant it was reported that not all of the expenditure related to the grant is included in the Health and Wellbeing budget line with some expenditure included in other budget lines. The Chair asked for confirmation that the grant was being treated in line with other external grants and this was confirmed to be the case.

In respect of the support to contraception and sexual health services a reduction in capacity including services offered by General Practitioners had caused a potential for longer-term concern following Covid-19. It was reported that other services had also experienced capacity issues exacerbated by Covid-19 and the situation was being monitored.

In conclusion the Chair referred to the poor quality of food offered in vending machine and food services at the Council's Leisure Centres, commenting that the current arrangements were not suitable.

AGREED to:

- 1) Welcome the commitment to the 0-19 service and to welcome the continued funding, with a monitoring report to be submitted at the appropriate time.
- 2) Note that the capacity of the contraception and sexual health services and other services affected by Covid-19 continue to be monitored and a report be submitted in due course.
- 3) Undertake a review of contracts for vending machines and other food services at the Council's Leisure Centres.

31. CLOSE OF MEETING

The meeting closed at 8.05pm.

LEICESTER CITY COUNCIL HEALTH AND WELLBEING SCRUTINY COMMISSION 3RD MARCH 2021

SUBJECT: UHL Audit

**REPORT BY: THE CHAIRMAN & CHIEF
EXECUTIVE OF UNIVERSITY HOSPITALS OF
LEICESTER NHS TRUST**

Purpose of the Report

1. The purpose of this report is to ...

Explain the events and background to the UHL Trust Board's decision not to agree the 2019/20 annual accounts as 'true and fair' and to set out the action being taken to address the issue.

Background

The Trust's accounts for the financial year 2018/19 received an unqualified, ('clean') opinion, from the external auditors however the auditors did raise some concerns which although they were below the 'materiality' threshold (i.e. the level at which they would impact on the unqualified / clean audit opinion), nonetheless merited further investigation.

The then Chief Financial Officer of the Trust was therefore tasked with looking into and responding to those concerns by the then chair of the Audit Committee, he did not do that in a timely manner and subsequently left the Trust in autumn 2019.

The then chair of the Audit Committee raised this with the then Chief Executive and the Chairman who instructed the Interim Chief Financial Officer to look into the matters raised by the auditor.

This he did and in doing so found that the 2018/19 accounts had been significantly misstated to the tune of some £46m. (The Trust's annual turnover is £1.1 billion). As a consequence of this the Trust had to make a 'prior year adjustment' to the 2018/19 accounts correcting them.

That was during January 2020 and stakeholders including OSC colleagues from Leicester, Leicestershire and Rutland received a briefing on that matter at the time.

That however was not the end of the issue; detailed and forensic work to accurately assess the Trust's financial position continued throughout 2020,

led by the Trust's new Chief Financial Officer and with the support of a Financial Improvement Director appointed by NHSE/I as part of the regulator's 'Special Measures for Finance' regime. At the same time the Trust's external auditors have conducted a rigorous audit of the 2019/20 financial statements.

This work subsequently identified further significant technical accounting issues in the draft 2019/20 accounts and as a consequence the Trust Board were not prepared to sign off the 2019/20 draft accounts as 'true and fair'.

Instead, the Trust is continuing to review the financial position and will seek to prepare a new set of accurate financial statements with a view to completing the audit later this year.

The Trust Board takes this very seriously and although the Auditor General in his comments on this matter refers to the 'accounting judgements and manual intervention associated with the previous senior leadership regime', the Trust is clear that the responsibility for exposing and addressing these issues sits with the Board.

The Board were not prepared to adopt the accounts because they did not reflect a true and fair record despite the exhaustive efforts made by our external auditor. The Trust is determined to correct what has happened previously and put in place measures to make sure it cannot happen again. Due to the scale and complexity of the task this work is still on-going but a huge amount of progress has already been made. Further work is planned to enable the Trust to file restated audited accounts for 2019/20 and audited accounts for 2020/21 by August 2021.

Separately there have been a number of changes to the Board in recent months such that a third of the Board and all those who had direct professional or oversight accountability for finance and audit have left the Trust; the finance team are under new and strengthened senior management; the Trust has been placed in the Financial Special Measures, (FSM) regime and the Board are now part of an intensive development programme. Most importantly grip and control of 'run rate' and reporting has been re-established.

Background Papers *(excluding exempt items)*

5. 'None.'

Circulation under the Local Issues Alert Procedure

6. 'None.'

Officer to Contact

7. *Stephen Ward, Director of Corporate and Legal Affairs, UHL NHS Trust.*

List of Appendices

8.

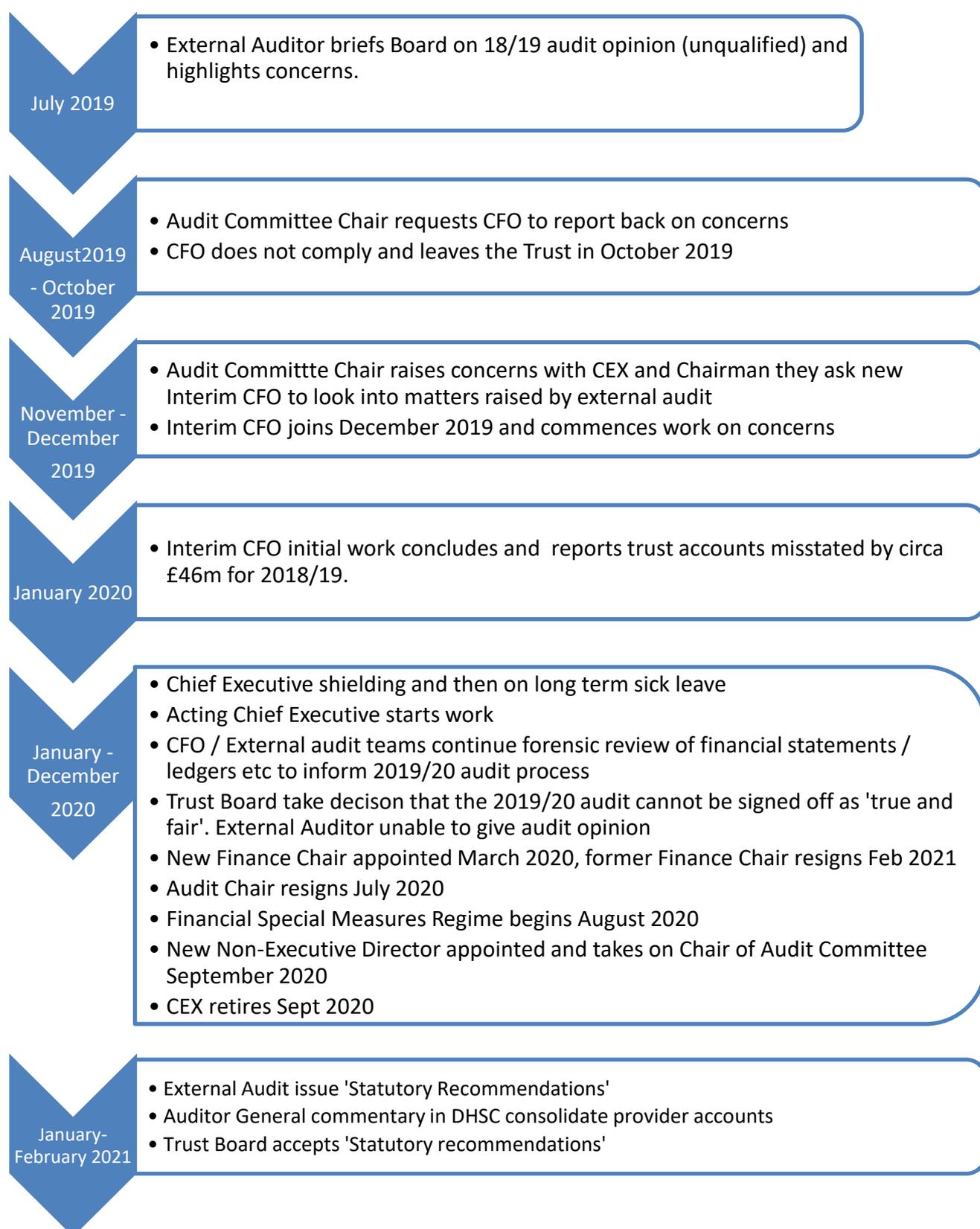
- i) Timeline
- ii) Trust Audit Committee Minutes from Public Trust Board meeting February 2021
- iii) External Auditor's Statutory Recommendations
- iv) Trust Board Development programme overview.
- v) Internal Audit Plan 2019/20

Equalities and Human Rights Implications *mandatory*

9.

The following may also be relevant:

- Crime and Disorder Implications
- Environmental Impact
- Partnership Working and Associated Issues
- Risk Assessment



UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 February 2021

COMMITTEE: Audit Committee

CHAIR: Mr M Williams, Non-Executive Director and Audit Committee Chair

DATE OF COMMITTEE MEETING: 27 January 2021

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE PUBLIC TRUST BOARD:

- **External Audit Section 30 Referral to the Secretary of State for Health (Minute 1/21/1) – *report appended to these Minutes***
- **Draft Statutory Recommendations (Minute 1/21/2) – *finalised report appended to these Minutes***
- **UHL Response to Draft Statutory Recommendations (Minute 1/21/3) – *finalised response appended to these Minutes***
- **Update on Plans/Timetable to Revise and Re-Audit the 2019/20 Accounts (Minute 1/21/5)**
- **Update on Plans/Timetable for Preparation of the 2020/21 Accounts and External Audit (Minute 1/21/6)**

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR NOTING BY THE PUBLIC TRUST BOARD:

- **None**

DATE OF NEXT COMMITTEE MEETING: 5 March 2021

**Mr M Williams
Non-Executive Director and Audit Committee Chair**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF AN AUDIT COMMITTEE MEETING HELD ON WEDNESDAY 27 JANUARY 2021 AT 1.30PM***(held virtually via Microsoft Teams)*

Present:	Mr M Williams – Non-Executive Director (Chair) Ms V Bailey – Non-Executive Director, and Chair of the Quality and Outcomes Committee Col (Ret'd) I Crowe – Non-Executive Director, and Chair of the People, Process and Performance Committee Mr A Johnson – Non-Executive Director, and Chair of the Finance and Investment Committee (excluding Minute 3/21/2 [part])
In Attendance:	Ms A Breadon – PwC (the Trust's Internal Auditor) (excluding Minutes 2/21, 3/21, and 13/21) Mr M Brice - Deputy Financial Improvement Director (excluding Minute 3/21) Mrs R Brown – Acting Chief Executive (for Minute 3/21/1) Ms A Clarke – Local Counter-Fraud Specialist, PwC (excluding Minutes 2/21, 3/21, and 13/21) Mr R Cooper – Financial Improvement Director (excluding Minute 3/21) Mr S Lazarus – Chief Financial Officer (excluding Minute 3/21) Mr S Linthwaite – Deputy Director of Finance (Financial Services) (excluding Minute 3/21) Ms E Mayne – Grant Thornton (the Trust's External Auditor) (excluding Minutes 2/21, 3/21, and 13/21) Mr M Stocks – Grant Thornton (the Trust's External Auditor) (excluding Minutes 2/21, 3/21, and 13/21) Ms H Stokes – Corporate and Committee Services Manager Mr S Ward - Director of Corporate and Legal Affairs Ms C Wood - PwC (the Trust's Internal Auditor) (excluding Minutes 2/21, 3/21, and 13/21) Mrs H Wyton – Chief People Officer (for Minute 3/21/1)

RECOMMENDED ITEMS**ACTION****1/21 2019/20 ANNUAL ACCOUNTS AND RELATED ISSUES****1/21/1 External Audit Section 30 Referral to the Secretary of State for Health**

Paper C comprised External Audit's referral of UHL to the Secretary of State for Health under section 30 of the Local Audit and Accountability Act 2014, which had been issued to the Secretary of State for Health before Christmas 2020. The referral related to failures in the Trust's duty to break even, and in the Trust's duty to issue financial statements and an annual report 2019/20. The Audit Committee Non-Executive Director Chair noted this report, which would also be submitted to the public Trust Board on 4 February 2021.

Recommended – that the External Audit Section 30 Referral to the Secretary of State for Health be received, and appended to these Minutes for discussion at the public session of the 4 February 2021 Trust Board.

**AC NED
CHAIR****1/21/2 Draft Statutory Recommendations**

Mr M Stocks, External Audit, presented his Statutory Recommendations draft report at paper D, which would be finalised and issued formally on 29 January 2021. The report would be presented to the public session of the 4 February 2021 Trust Board. These Statutory Recommendations were being made under section 24 of the Local Audit and Accountability Act 2014 (Schedule 7) due to issues with regard to the Trust's financial reporting, governance, and financial sustainability. In presenting his report, Mr M Stocks External Audit noted in particular:-

**AC NED
CHAIR**

- (1) that his concerns re: financial reporting had been discussed in detail at the 2 December 2020 Audit Committee. He considered that the Trust's response on these points (Minute 1/21/3 below refers) was appropriate, but he noted that action was needed in some areas

to avoid future errors. He reported his feedback from UHL finance staff that they had felt under-pressure and under-resourced, and he noted his view that they had been aware of the concerns flagged by External Audit during the 2018/19 annual accounts audit and had been directed to continue reporting in the same way as before;

- (2) that governance issues had also been discussed in detail at the 2 December 2020 Audit Committee. Mr M Stocks External Audit emphasised the crucial importance of an appropriate financial tone and leadership within the Trust, and considered that the required delivery of the Control Total had become the pre-eminent focus. He considered that change had begun to address the cultural issues at UHL and the previous lack of Trust Board/Board Committee challenge of management, but that it remained early days;
- (3) his urging of UHL to engage with Commissioners and Regulators to address UHL's longterm financial position and reach financial sustainability, as detailed in the 2019/20 draft Audit Findings Report, and
- (4) his view that financial accounting, governance and ethics training was required for the finance team.

In discussion on the draft Statutory Recommendations report, the Audit Committee noted:-

- (a) a query from the Audit Committee Non-Executive Director Chair as to whether the Audit Committee needed to be specifically sighted to any issues arising from Mr M Stocks' interviews with UHL staff. In response, Mr M Stocks noted his wish to re-review the interviews (the final one of which would be held on 1 February 2021) and advised the Audit Committee that staff had been open and transparent with him about the perceived culture of the department and the pressure felt to continue with incorrect practices. Ms V Bailey Non-Executive Director considered that there was an important distinction between capability and capacity issues arising from overwork and those relating to innate ability; although this was echoed by Mr M Stocks External Audit, he considered that the general team skillset was appropriate, with capability issues relating primarily to direction and capacity. The Audit Committee Non-Executive Director Chair queried whether there were any in-house training issues;
- (b) a query from Col (Ret'd) I Crowe Non-Executive Director as to what further action UHL could take to break even in future, in addition to the numerous actions put in place through the Financial Special Measures programme. In response, Mr M Stocks External Audit considered that this was not an objective UHL could deliver in isolation; he reminded Audit Committee members that the Trust had declared deficits each year since 2013/14 and he noted his view that UHL's underlying structural deficit could not be addressed through efficiencies alone as it required a correction of the fundamental underfunding of the Trust. It was crucial, therefore, that UHL worked with Commissioners and Regulators to agree a strategy which would return the Trust to a longterm sustainable financial position. Mr A Johnson Non-Executive Director voiced significant concern that the LLR system was being asked to deliver further savings in the next financial year thus placing the Trust under further additional pressure, and he also voiced his concern that the underlying need for more funding was not being addressed (as recommended by External Audit), and
- (c) comments from the Audit Committee Non-Executive Director Chair on the expectations made clear to all NHS Trusts re: meeting their Control Totals. He considered that it was clear that meeting its Control Total had been prioritised by the Trust to the detriment of accuracy of accounting, and he noted the pressures leading to reporting in such a way as to achieve the Control Total. Although noting these points, Mr M Stocks External Audit urged the Trust not to continue to accept an undeliverable Control Total and emphasised the need for Trusts to be clear with Regulators on what was achievable.

Recommended – that draft Statutory Recommendations report be noted, and the finalised version recommended for consideration at the public session of the 4 February 2021 Trust Board (as appended to these Minutes).

**AC NED
CHAIR**

1/21/3 UHL Response to Draft Statutory Recommendations

Paper D1 from the Director of Corporate and Legal Affairs and the Chief Financial Officer comprised UHL's response to the draft Statutory Recommendations report at Minute 1/21/2 above. The Director of Corporate and Legal Affairs noted the good engagement between the Trust and Mr M Stocks External Audit on this, with the latter having amended an earlier draft of his report as a result of the Trust's comments. Subject to any Audit Committee comments, the

finalised version of paper D1 would also be submitted to the public session of 4 February 2021 Trust Board, accompanying the finalised Statutory Recommendations report. Once adopted by the Trust Board, paper D1 would be translated into a formal action plan and incorporated within the overarching UHL financial governance improvement plan, resulting in a single, comprehensive action plan which would be reviewed monthly by the Trust Board and FIC, and at each Audit Committee.

Ms V Bailey Non-Executive Director particularly welcomed this assurance from the Director of Corporate and Legal Affairs on how the action plan would be aligned to appropriate governance processes, and on the fact that a single action plan would cover progress. However, Ms V Bailey Non-Executive Director advised that further clarity was still needed on how the progress of actions was described – eg to clarify the meaning of ‘on track’/‘pending’/ ‘in progress’ etc. This point was supported by the Audit Committee Non-Executive Director Chair, who also emphasised the need for more rigorous and detailed monthly challenge of the overarching financial governance improvement plan by the Trust Board and Board Committees. Col (Ret’d) I Crowe Non-Executive Director asked for assurance that any issues arising from the action plan for other Board Committees such as People, Process and Performance Committee and/or Quality and Outcomes Committee would be appropriately flagged to those Committees, as he considered that there were potential issues for those groups (eg workforce efficiency discussions at PPPC). The Director of Corporate and Legal Affairs agreed to ensure that appropriate alignment and cross-referral of items took place. Mr A Johnson Non-Executive Director also requested that detail on the monitoring of each action be included in paper D1.

**DCLA/
CFO**

DCLA

Mr M Stocks External Audit also considered that UHL should request Internal Audit to review whether the actions in paper D1 resulted in subsequent, tangible change. The Chief Financial Officer advised Audit Committee members that the actions in paper D1 were already underway; he confirmed that strengthened controls had been introduced re: journals before Christmas, and he noted the key appointment of Mr S Linthwaite Deputy Director of Finance (Financial Services) to the Trust’s senior finance team and the very strong additional support currently being provided to UHL by NHSE/I in the form of high quality interims.

CFO

Mr A Johnson Non-Executive Director sought Mr M Stocks External Audit’s view on whether the Trust’s (draft) response to the (draft) Statutory Recommendations report was adequate – in response, Mr M Stocks considered that paper D1 was broadly adequate but that the response to point 9 (agreement with Commissioners and Regulators of a strategy to return UHL to a longterm sustainable financial position) required more detail from UHL. Given External Audit’s comments, Mr A Johnson Non-Executive Director advised that he was unwilling to endorse paper D1 for recommendation to the Trust Board without strengthened wording being included on point 9. The Audit Committee Non-Executive Director Chair considered that the issue of only agreeing a deliverable Control Total (which UHL was committed to doing) was separate to the issue of LLR-wide and NHSE/I engagement on the Trust’s fundamental underlying financial deficit position, and he noted comments from Mr M Stocks on the need for the Trust Board to take a view on accepting a deficit Control Total in future. In further discussion, the Director of Corporate and Legal Affairs outlined the commitments required of UHL as part of the Financial Special Measures programme, including development (and sharing with NHSE/I) of a longterm financial model aligned to the LLR STP longterm plan. The Financial Improvement Director emphasised the need for UHL to develop a credible route map for exiting Financial Special Measures and to be able to demonstrate a track record of financial delivery against plan. He also echoed comments on the need for any agreed Control Total to be realistic and deliverable.

Following discussion, the Audit Committee Non-Executive Director Chair advised that he would agree a strengthened form of words outside the meeting for the Trust’s response to point 9 of paper D1, ahead of the February 2021 Trust Board. **

** revised form of wording subsequently agreed for inclusion as follows:-

	External Auditor Recommendation	UHL Response (updated)
9.	The Trust Board should agree with its commissioners, NHS England and Improvement, and the Department of Health a strategy that will	The Trust is committed to eliminating the underlying financial deficit as soon as practically possible and has commenced a

	return the Trust to a long term sustainable financial position.	programme of work to identify cash and efficiency savings and to ensure the best possible value for money. If this produces a compelling case for increased funding it will work constructively with Commissioners, NHS England and Improvement and the Department of Health to secure appropriate funding levels. In the meantime it will not agree unrealistic financial targets but recognises it has an obligation to work together with partners in the local health economy to build a system that is both clinically and financially sustainable.
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Recommended – that (A) subject to inclusion of the revised ‘UHL response’ wording above for point 9, the Trust’s draft response to the draft Statutory Recommendations report be endorsed and recommended for Trust Board approval on 4 February 2021 (as appended to these Minutes);

AC NED
CHAIR

(B) with regard to the action plan resulting from paper D1 for report to FIC and Trust Board monthly and each Audit Committee, the Chief Financial Officer and the Director of Corporate and Legal Affairs be requested to:-

DCLA/
CFO

(1) ensure that all of the actions were incorporated within the Financial Governance Improvement Plan, identifying key action owners, dates for completion and monitoring arrangements (including at Trust Board, the Finance and Investment Committee, and Audit Committee);

(2) ensure that other Board Committees were appropriately sighted to issues requiring their discussion/monitoring, and

(C) consideration be given to seeking an Internal Audit view on whether the action plan measures resulting in tangible practice and culture changes.

CFO

1/21/4 Report from the Chief Financial Officer

Recommended – that this Minute be classed as confidential and taken in private accordingly.

1/21/5 Update on Plans/Timetable to Revise and Re-Audit the 2019/20 Accounts

Paper G from the Deputy Financial Improvement Director updated the Audit Committee on the plans to revise and reaudit the Trust’s 2019/20 annual accounts, and the timetable for that work. An appropriate action plan was being developed from paper G. Following a scoping exercise which had begun before Christmas 2020, it was the Trust’s ambition to restate the accounts by 31 March 2021 (unaudited position – the timescale for auditing the restated balance sheet remained to be agreed) although this was not without risk. The 2019/20 closing balance sheet would then be ‘rolled forward’ as the Trust’s 2020/21 opening balance sheet and the basis for the construction of the 2020/21 annual accounts (for completion by 31 August 2021 as detailed in Minute 1/21/6 below).

The Deputy Director of Financial Improvement emphasised the need for significant communication and coordination between the Trust and its stakeholders throughout the process. Appropriate governance was essential in awarding the contract for the ‘delivery’ phase of the work to revise and reaudit the 2019/20 accounts, and the Deputy Financial Improvement Director was working closely with the Trust’s procurement team and the Director of Corporate and Legal Affairs on that.

Recommended – that the proposed plan and timetable to revise and reaudit the 2019/20 accounts be endorsed and recommended for Trust Board approval.

AC NED
CHAIR

1/21/6	<u>Update on Plans/Timetable for Preparation of the 2020/21 Accounts and External Audit</u>	CFO/ DDF(FS)
	<p>Paper H from the Deputy Director of Finance (Financial Services) updated the Audit Committee on the plans to prepare the Trust's 2020/21 annual accounts, and the timetable for that work (at both draft and audited stage). He emphasised the need to align to the national accounts timetable without any delay associated with the 2019/20 restatement, and the Chief Financial Officer noted the crucial importance therefore of meeting the 31 March 2021 timescale for restating the 2019/20 accounts (unaudited position) as detailed in Minute 1/21/5 above. Although the draft accounts deadline for NHS bodies was 27 April 2021, NHSE/I was giving those provider organisations who required more time (and met the criteria) an extended date of by 11 May 2021, with a consequent deferment of the audited accounts deadline to 29 June 2021. The Audit Committee Non-Executive Director Chair confirmed the Audit Committee's agreement to seek this extension. As detailed in paper H, however, due to the likely complexities of auditing its 2020/21 accounts UHL anticipated that its final audited accounts would not be ready for submission until 31 August 2021. The ability to submit a clean true set of accounts by that date would be a significant milestone for the Trust. In response to a query from the Audit Committee Non-Executive Director Chair seeking assurance on any repercussions from missing the 29 June 2021 submission date, the Chief Financial Officer considered that NHSE/I were aware of the need for a clean set of accounts, and he noted that the reasons for the complexity of the audit process were clear to the Regulators. It would be crucial, however, to avoid any significant slippage on that 31 August 2021 date.</p>	
	<p><u>Recommended</u> – that (A) an application be made to NHSE/I to seek the available 2-week extension to the submission of both the unaudited and audited accounts 2020/21, and (B) the proposed plan and timetable for preparation of the 2020/21 accounts be endorsed and recommended for Trust Board approval.</p>	CFO/ DDF(FS) AC NED CHAIR
2/21	<p>REPORT FROM THE CHIEF FINANCIAL OFFICER</p> <p><u>Recommended</u> – that this Minute be classed as confidential and taken in private accordingly.</p>	
3/21	<p>REPORT FROM THE ACTING CHIEF EXECUTIVE</p> <p><u>Recommended</u> – that this Minute be classed as confidential and taken in private accordingly.</p>	
<u>RESOLVED ITEMS</u>		
4/21	<p>APOLOGIES FOR ABSENCE AND WELCOME</p> <p>Apologies for absence were received from Mr J Shuter, Director of Operational Finance. The Audit Committee Non-Executive Director Chair welcomed Mr S Linthwaite, Deputy Director of Finance (Financial Services) to the meeting.</p>	
5/21	<p>DECLARATIONS OF INTERESTS</p> <p>Mr A Johnson, Non-Executive Director, declared his interest as Non-Executive Chair of Trust Group Holdings Ltd and Fight4Rutland. Mr S Lazarus Chief Financial Officer declared his role as a Non-Executive Director of Trust Group Holdings Ltd. With the agreement of the Audit Committee, these individuals remained present.</p> <p><u>Resolved</u> – that the position be noted.</p>	
6/21	<p>MINUTES</p> <p><u>Resolved</u> – that the Minutes of the 16 November 2020 Audit Committee (papers A1 and A2), and the Minutes of the 2 December 2020 Audit Committee (paper A3) be confirmed as a correct record.</p>	
7/21	<p>MATTERS ARISING REPORT</p> <p><u>Resolved</u> – that the matters arising report be noted.</p>	

8/21 KEY ISSUES FOR DISCUSSION/DECISION

8/21/1 Actions Taken and Planned to Strengthen the UHL Finance Function and Key Financial Controls

Paper F from the Chief Financial Officer provided assurance to the Audit Committee on the actions underway to strengthen UHL's finance function, noting the very significant (and welcomed) interim support available from NHSE/I as part of the Financial Special Measures programme. Given the work required, the Chief Financial Officer considered that this high quality interim support was likely to be needed until Autumn 2021. A number of new substantive senior finance team appointments had also been made by UHL. A new finance function structure was being developed for implementation on 1 January 2022 – although recognising that this was a period of uncertainty for the existing team the Chief Financial Officer considered that this timescale was necessary to deliver the required improvements. The Audit Committee Non-Executive Director Chair emphasised the need to take as much time as required, but no more than was necessary, and requested that a more detailed update be provided to a future Audit Committee (including, eg, a proposed structure chart). The Chief Financial Officer advised that the work on key financial controls was covered in more detail elsewhere on the agenda.

CFO

Resolved – that a detailed update on the work to strengthen the UHL financial function be provided to a future Audit Committee.

CFO

8/21/2 Internal Audit Progress Report, Including the Updated 2020/21 Internal Audit Plan

Paper I advised Audit Committee members that work continued to progress on all elements of the Internal Audit plan, although impacted by the current pandemic pressures on the NHS. Two final reports had been issued as per Minutes 8/21/2 and 8/21/3 below, and the draft report on the NIHR Clinical Research Network had also now been finalised. Some delays had been experienced in receiving information for the payroll audit currently underway, which had been escalated to the appropriate Executive Director. In introducing the report, Ms A Bredon Internal Audit noted changes to the original Internal Audit plan (deferral of the financial reporting review, and use of the days originally planned for Governance to carry out a review of Contract Management, as requested by the Trust's Finance and Investment Committee).

Ms C Wood, Internal Audit also updated the Audit Committee on a number of changes to the overdue actions from previous Internal Audit reports, as detailed in paper I. Since paper I had been issued, 4 actions had been closed and extended action dates had been agreed to be appropriate for a further 3, resulting in a reduction in the number of overdue actions to 7 from the original 14. The Audit Committee Non-Executive Director Chair requested assurance on whether any of the overdue actions should be of specific concern for the Audit Committee – in response, Ms C Wood Internal Audit advised that only 1 of the remaining 7 overdue actions was rated as high risk – this related to private patient debts and the Deputy Director of Financial Improvement confirmed that work was in hand on this issue. Although noting this update, the Audit Committee Non-Executive Director Chair emphasised his wish for progress to have been made on this issue by the time of the next Audit Committee. With regard to the other 3 high risk rated actions in this section of paper I, 2 had been extended and Internal Audit had requested sight of specific evidence in order to close the remaining 1. In discussion, Ms V Bailey Non-Executive Director advised that the Quality and Outcomes Committee (which she chaired) was reviewing the ED safety checklist issues, and she requested therefore that these actions not be closed until QOC had sufficient assurance.

**DFID/
CFO**

**CW
(IA)**

Resolved – that (A) the Internal Audit plan update be noted, and

**(B) with regard to the overdue actions from previous Internal Audit reports:-
(1) appropriate progress be made on the private patient debt high risk finding by the time of the next Audit Committee (March 2021), and
(2) the need for QOC to be satisfied of the position before the ED safety checklist actions were closed, be noted.**

**DFID/
CFO**

**CW
(IA)**

8/21/3 Internal Audit Review of Accounts Payable – Final Report

Paper J1 detailed the final report of Internal Audit's review of Accounts Payable, which had an overall 'high' risk classification. Ms C Wood Internal Audit particularly advised the Audit Committee of the high risk finding on purchase to pay tolerances, as the 10% threshold for automatic processing was higher than would be expected, not in line with UHL policy, and higher than previously in place within the Trust. Variances greater than 10% were processed manually. Ms C Wood Internal Audit also highlighted medium-rated finding 2 on BPPC Reporting in respect of small and medium enterprises (SMEs) and purchase orders not being raised. Internal Audit intended to rerun this data analysis in March 2021. The Deputy Financial Improvement Director provided assurance to the Audit Committee that the issue of SMEs was part of the overarching financial governance improvement plan, and he voiced his own concern about the purchase order issues which was a whole-Trust issue – this was echoed by Ms V Bailey Non-Executive Director who also noted the need for appropriate governance to be in place. The Deputy Financial Improvement Director was working with UHL's Head of Procurement and Supplies and the Director of Corporate and Legal Affairs to review the Trust's Standing Orders and Standing Financial Instructions and reinforce the requirement for purchase orders. The Chief Financial Officer echoed these comments, and noted his own view that tolerances should not be used.

The Audit Committee Non-Executive Director Chair queried why the report did not mention the risk of duplicate payments if no purchase order was in place, and he emphasised the benefits of having a robust purchase to pay system in place. The Deputy Financial Improvement Director advised that the revised budget-holder training programme would also cover process issues, and he confirmed that compliance with the process would be monitored. The Deputy Director of Finance (Financial Services) commented on the need to make better use of appropriate technology and automated system controls, which was particularly welcomed by Mr A Johnson Non-Executive Director. Mr A Johnson Non-Executive Director also commented that the 10% tolerance threshold had originally been introduced with a view to being tightened up over time, which had clearly not occurred. The Deputy Financial Improvement Director also suggested a need to build a follow-up assurance review into the Internal Audit plan.

CFO/
CW (IA)

Resolved – that consideration be given to including a follow-up assurance review on accounts payable in the Internal Audit plan.

CFO/
CW (IA)

8/21/4 Internal Audit Review of Waiting List Management – Final Report

Paper J2 detailed the final report on Internal Audit's review of waiting list management, which had an overall 'medium' risk classification. Ms V Bailey Non-Executive Director voiced concern at the findings of this review, particularly in respect of the lack of evidence available to demonstrate that processes were taking place at specialty-level. Ms V Bailey Non-Executive Director also voiced her concern at the lack of consistency between specialties and the risk that Covid-19 pressures were disrupting process, and suggested that this issue should be reviewed further by the People, Process and Performance Committee. Although recognising the intense pressures on specialties, Ms C Wood Internal Audit agreed that an audit trail of the process was crucial, which was not currently always in place. However, she considered that the availability of evidence might have been impacted by the timing of the report. She also advised that consistency concerns related primarily to outpatients rather than inpatients. Ms C Wood Internal Audit also advised the Audit Committee that the Trust's RTT Policy did not clearly outline what was required of specialties, and she noted the need for greater clarity on expectations. Mr A Johnson Non-Executive Director echoed the Non-Executive Director concerns expressed about process inconsistencies between specialties – given that these were stated in the report to be 'significant' he emphasised the need for appropriate follow-up on those issues.

PPPC
NED
CHAIR

Resolved – that the process consistency concerns highlighted in the Internal Audit review of waiting list management be referred to the People, Process and Performance Committee for discussion and follow-up.

PPPC
NED
CHAIR

8/21/5 Local Counter-Fraud Specialist Report

Ms A Clarke, Local Counter-Fraud Specialist, PwC, introduced her progress report at paper K. She confirmed that the Deputy Director of Finance (Financial Services) had been identified as

UHL's Counter-Fraud Champion and nominated counter-fraud contact. Work was broadly in line with plan, although impacted by Covid-19 pandemic pressures on the Trust, and the Local Counter-Fraud Specialist noted the need for input from UHL on progressing certain reactive cases (as detailed in paper K). She also confirmed that she had supported UHL in making the required return in response to the NHS CFA Fraud Prevention Guidance Impact Assessment, on time (4 December 2020). National vaccination fraud alerts had also been shared with the Trust.

In respect of open fraud cases, the Local Counter-Fraud Specialist commented on the need to understand the differing level of HR sanctions applied, which she was discussing further with the Deputy Director of Finance (Financial Services). Ms V Bailey Non-Executive Director queried whether ethnicity data was collected as part of counter-fraud work (and was advised that it was not routinely collected, unless pertinent to the investigation), and requested therefore that the Local Counter-Fraud Specialist discuss that issue further with the Deputy Director of Finance (Financial Services). The Audit Committee Non-Executive Director Chair supported the collection of ethnicity data, and also voiced his concerns over the length of suspensions and the overall time to investigate cases, noting that he intended to discuss the detail of the open cases further with the Local Counter-Fraud Specialist.

LCFS

AC NED
CHAIR

Resolved – that (A) the issue of routine collection of ethnicity data as part of local counter-fraud investigations be discussed with the Deputy Director of Finance (Financial Services), and

LCFS

(B) a discussion take place outside the meeting between the Audit Committee Non-Executive Director Chair and the Local Counter-Fraud Specialist, to understand the detail of the open fraud cases.

AC NED
CHAIR/
LCFS

9/21 ITEMS FOR NOTING

Resolved – that the following reports be received and noted at papers L1-O respectively:

- (A) Minutes of the Quality and Outcomes Committee meetings held on 29 October 2020, 26 November 2020, and 17 December 2020;**
- (B) Minutes of the People, Process and Performance Committee meetings held on 29 October 2020, 26 November 2020, and 17 December 2020;**
- (C) Minutes of the Finance and Investment Committee meetings held on 29 October 2020, 26 November 2020, and 17 December 2020, and**
- (D) Minutes of the Charitable Funds Committee meeting held on 18 December 2020.**

10/21 ANY OTHER BUSINESS

There were no items of any other business.

11/21 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the items recommended in Minutes 1/21-3/21 above be brought to the attention of the Trust Board.

12/21 DATE OF NEXT MEETING AND MEETING DATES 2021/22

The next Audit Committee meeting will be held on **Friday 5 March 2021 from 9am – 12noon** (held virtually via MS Teams).

Remaining 2021/22 meetings will be held as follows (9am to 12noon):-

- **Friday 28 May 2021;**
- **Friday 9 July 2021;**
- **Friday 10 September 2021;**
- **Friday 12 November 2021;**
- **Friday 14 January 2022, and**
- **Friday 11 March 2022.**

13/21 DISCUSSIONS IN THE ABSENCE OF EXTERNAL AUDIT AND INTERNAL AUDIT

REPRESENTATIVES

13/21/1 Minutes

Resolved – that the confidential Minutes of the Audit Committee meeting held on 2 December 2020 be confirmed as a correct record.

13/21/2 Matters Arising

Resolved – that the confidential matters arising log from the Audit Committee meeting held on 2 December 2020 be noted.

The meeting closed at 5pm

Helen Stokes
Corporate and Committee Services Manager

Audit Committee Cumulative Record of Members' Attendance (2020-21 to date):

Members:

Name	Possible	Actual	%
M Williams	3	3	100
V Bailey	4	4	100
I Crowe	4	4	100
A Johnson	4	4	100
K Jenkins (Until July 2020)	1	1	100

In attendance:

Name	Possible	Actual	%
S Lazarus	4	3	75
N Sone	1	1	100
J Shuter	4	3	75
S Ward	4	4	100

University Hospitals of Leicester NHS Trust**Audit of Accounts 2019/20****Statutory Recommendations**

	External Auditor Recommendation	UHL Response
1.	The Trust Board should seek to create a culture that is focussed on accurate financial reporting. In particular, the Board should discourage the use of aggressive accounting policies and practices and should provide appropriate challenge of management.	<p>The Trust Board is to undergo a programme of development, externally-facilitated, with particular emphasis on the financial aspects of the Board's responsibilities. Specifically, the programme will focus on:</p> <ul style="list-style-type: none"> • Reviewing the responsibilities of unitary Board members, emphasising that all are accountable in relation to the financial performance of the Trust; • The provision of specific financial analysis training, tailored to individual Board member experience and need; • A programme of support for Non-Executive Directors in how to effectively scrutinise and challenge within a unitary Board environment; • The provision of training and guidance for Executives focussing on their corporate Director role for challenging financial performance and reporting.
2.	The Trust Board should finalise and publish its Annual Governance Statement at the earliest opportunity.	The annual governance statement will be finalised and published alongside the annual accounts 2019/20, once finalised.
3.	The finance and other management teams involved in finance should receive accounting, governance and ethics training to ensure that they are clear on the appropriate accounting practices and the governance standards required by the Trust Board.	The Trust will provide organisational wide budget/financial training/governance programmes for all budget holders. This will also include specific training in relation to the upcoming restated SFIs/SOs/Scheme of Delegation. All Finance staff will undergo a capability review that will identify specific training needs and training programmes will be

		provided; this will be monitored on an ongoing basis through the staff appraisal process and to ensure their continual professional development. All Trust staff will receive regular ethics and values training.
4.	The Trust should complete its planned review of the structure and capacity of the finance team as soon as possible. As necessary additional investment should be made in the capacity and capability of the team.	Restructure of the Finance Department will be completed and in place for 1/1/22. In the period leading up to the implementation further interim support will be put in place to support this transitional period. The current capacity of the Finance Team is also to be reviewed and benchmarked against peer level/top performing Finance Departments within the NHS.
5.	The Trust Board should undertake a review of its financial procedures and controls to ensure that they are 'fit for purpose'.	Review of the SFIs/SO's/Scheme of Delegation is currently underway. Once finalised and adopted by the Trust, a further education and training programme for all budget holders will be rolled out and for all new starters (budget holders) to support adherence to these controls. In addition the specific internal controls that operate within the Finance Department will also be reviewed and enhanced and supported by a further training programme for Finance personnel.
6.	The control of journals should be significantly enhanced. The Trust Board should ensure that the automated system recently introduced is effective and prevents the self-authorisation of journals.	New journal controls have been implemented wef December 2020. These will be further reviewed and will be subject to internal audit review by March 2021 to review compliance and to consider further control enhancements as appropriate.
7.	The Trust Board should undertake a detailed review of its accounts preparation processes and amend its procedures to allow accounts and supporting working papers of an appropriate quality to be prepared for audit.	The Trust is currently undertaking a systematic review of its accounts preparation processes and procedures. Actions have been identified to review and redesign the working papers to ensure adequacy, clarity, linking to accounts and file accessibility.
8.	The Trust Board should take urgent action to complete the revision and audit of its financial statements.	The Trust has engaged with Deloitte on a scoping exercise to ultimately reconstruct the 2019/20 closing balance sheet that will allow the audit to conclude. This will then allow the Trust to build its financial statements on a recognised and robust foundation for 2020/21.
9.	The Trust Board should agree with its commissioners, NHS England and Improvement,	The Trust is committed to eliminating the underlying financial deficit as soon as

	<p>and the Department of Health a strategy that will return the Trust to a long term sustainable financial position.</p>	<p>practically possible and has commenced a programme of work to identify cash and efficiency savings and to ensure the best possible value for money. If this produces a compelling case for increased funding it will work constructively with Commissioners, NHS England and Improvement and the Department of Health to secure appropriate funding levels. In the meantime it will not agree unrealistic financial targets but recognises it has an obligation to work together with partners in the local health economy to build a system that is both clinically and financially sustainable.</p>
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Board development programme

Appendix 4

An overview of proposed activities

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Activity	Month	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Board programme		Confirm plan and activities	1.1 Role of the unitary Board & Board Members (A1)	1.2 Board Member financial training (A3)	1.3 Business chemistry (styles and ways of working)		1.4 Board Committee and effective Board reporting		1.5 Review of progress; Board impact & the Board's role in shaping culture		1.6 Integrated system working	1.7 Feedback on progress and refining future actions
Non-executive director programme				2.1 Effective challenge & seeking assurance (A4)	2.2 Audit Committee Training (including role of the chair) (A4)	2.3 Finance and Investment Committee training (including role of the chair) (A4)		2.4 Revisit role of the NED in the unitary board			2.5 Refining Board debate	
Executive director				3.1 Reviewing the role of corporate director (A5)			3.2 Effective board reporting (A5)		3.3 Role of the ED in Board to Ward assurance			
		Board survey Board / Committee observations Desktop review		Business Chemistry survey	Board / Committee observations				Board / Committee observation		Review of progress (A2)	Board / Committee observation

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**INTERNAL AUDIT PLAN 2019/20**

The Trust's Internal Audit plan is driven by UHL's organisational objectives and priorities, and the risks that may prevent UHL from meeting those objectives.

The following table sets out the UHL internal audit plan for 2019/20.

Ref	Name of Review	Number of Audit Days
1	Corporate Governance and Risk Management	20
2	Information Governance	10
3	Compliance within IT data centres	20
4	Financial systems	25
5	Data Quality review – 62 day cancer target	10
6	Emergency care priority	15
6	Payroll and HR review	25
7	Five steps to safer surgery	15
8	Assessment and Accreditation	15
9	Infection Prevention and control	15
10	Safeguarding	15
11	Safety rounds in ED	15
12	Service Line Management / use of PLICs	20
CM.1	Management time	25
CM.2	Follow up of audit actions	15
CM.3	Contingency	10
2019/20 Total		270

Adult and Older People Mental Health

City Health Overview and Scrutiny
Committee
3-3-2021

Local Context

Challenges

Historical challenges

- Long waits
- Difficulties getting access to help
- Lower life expectancy
- Placements out of area
- Pockets of poor experience
- Diverse needs not being met

Challenges seen across 2020

- COVID related disruption has increased waits
- Limitations with virtual technology
- Increasing phonecall demand for help
- Reduced demand for secondary mental health services

Expected challenges over next three years

- Variety of different models
- Some indication that there will be growing demand and increased need
- Indication of widening gaps for individuals from ethnic minority background and individuals within a lower social-economic circumstance

Progress through 2020

Achievements

- Self-referral through Central Access Point
- Mental Health Urgent Care Hub
- Community mental health rehabilitation
- virtual contacts and care
- No inappropriate Out of Area placements

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Work commenced

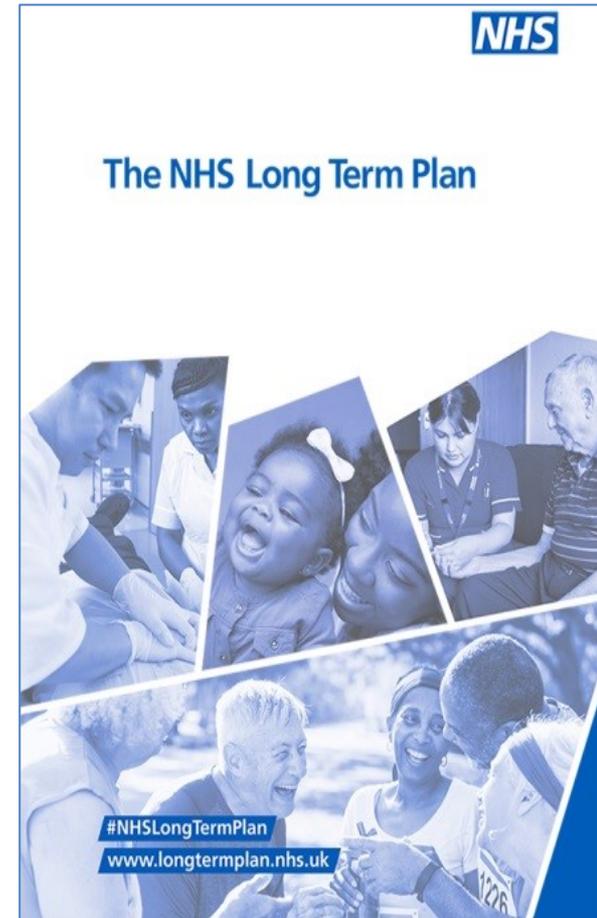
- Strengthened multi-agency working across mental health system
- Successful bids for multi-million investment in mental health services
- Increased focus and organisation on understanding diverse needs
- Preparing for consultation of changes to investment and improvement of mental health services

2021 into the future

National Context

- NHS long term plan prioritises improvements in mental health
- A multi million pound investment over the next 3 years (2021/22 – 2023/24)
- Increasing integration and support offered at a local level

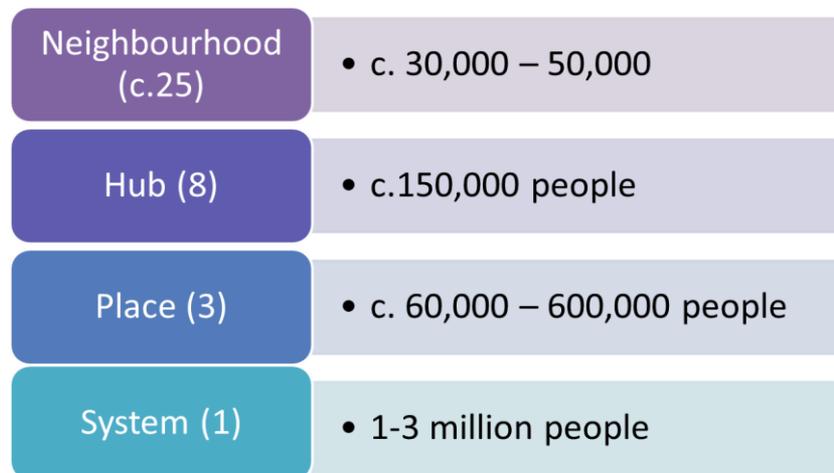
34



A new model for mental health care

- Delivering the majority of mental health support around neighbourhoods
- Integrating mental health expertise into hubs to resiliently support neighbourhoods
- Invest and deliver joined up care with VCS, Social care, mental health provider and GPs
- System alignment with physical health and social care to work together

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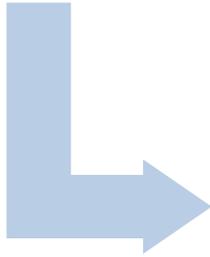
A new model for mental health care



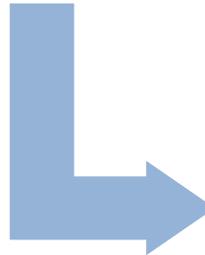
- Built for and with **local population**
- **Recovery, asset based** and **person centred**
- Promoting **hope, control** and **opportunity**
- **No wrong door** for people that need help
- Maximise involvement and the potential of **voluntary and community sector organisations**
- **Timely** help and addressing waiting times
- Create offers **driven by need** not diagnosis

Implementation approach

Initial investment &
enhancement of existing
services



Public consultation and
reconfiguration



Delivering new
community mental health
model

Supporting transformation of mental health

City Pathfinder – Belgrave and Spinney

Maximising engagement in public consultation

Stepping up co-production and involvement

Increasing focus on removing inequality

De-stigmatisation, MH friendly communities and MH first aid

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Questions

Leicestershire Partnership Trust Improvement Journey from 2018 CQC Inspection to Current Position February 2021

Purpose of the report

The purpose of this report is to provide the Health Overview Scrutiny Committee with a narrative to the Trust's Quality Improvement journey since the 2019 CQC report and an updated current position as at February 2021.

Introduction

The Trust's CQC report published in February 2019 relates to the 2018 inspection and describes the CQC's judgement of the quality of care provided with respect to the Trust's Well-Led framework and an inspection of five of our core services. The Trust was rated overall as 'Requires Improvement', including an 'Inadequate' rating for the Well-Led domain.

The CQC also issued a Warning Notice to the Trust on the 30th January 2019, which was served under section 29A of the Health and Social Care Act 2008.

In response to this, the Trust adopted a Quality Improvement approach and implemented a three phased methodology to address the specific in the Warning Notice and further significant improvements required following the inspection.

Phase one

This was the process of completing immediate transactional actions to keep patients safe and involved an immediate improvement plan which was developed in response to the specific Warning Notice nine key improvement areas identified which were:

- Access to treatment;
- Privacy and dignity;
- Environmental issues;
- Care Planning / risk assessments;
- Fire safety;
- Medicines management / medical devices;
- Seclusion environments and paperwork;
- Physical healthcare;
- Governance.

Subsequently the CQC undertook an unannounced warning notice follow up inspection during the week beginning 10th June 2019 and the report relating to this inspection was published on 9 August 2019. LPT welcomed the report which recognised the significant progress and improvements made since that inspection in November 2018.

The CQC noted many improvements including:

- Significant improvements to the environments at most wards: "*It was clear to see the difference the investment and improvements had made*", as the majority of maintenance issues had been fixed or resolved as part of the ongoing maintenance programme and new system of reporting.
- Improvements in ligature risks, including thorough risk assessments by staff.
- Improvements in assessing and monitoring the physical healthcare of mental health patients, including the recruitment of dedicated physical healthcare nurses at Stewart House and the Willows, and improved privacy and dignity when undertaking physical assessments at Bradgate Unit.
- Improved medicines management in all areas.

- Improvements in fire safety and the 'no smoking' policy at the Bradgate Unit, including smoking cessation support and alternatives being offered.
- Improvements in seclusion documentation and seclusion environments.
- Improved patient privacy and dignity at the Learning Disability Short Breaks Homes, ceasing mixed-sex accommodation.
- Significant reduction in waiting times and the total numbers of children and young people waiting for mental health assessments.
- An improved vision, strategy and priorities have been defined through our Step up to Great approach, and improved approach to sharing learning. We have also conducted two external governance reviews to improve governance processes and structures within the Trust.

There were also some areas that had not progressed sufficiently at this time which formed part of the overarching improvement plan, and a summary of our current position against the areas identified from the Warning Notice re-inspection are:

- Environmental improvements within the Bradgate Unit, including refining new process of reporting maintenance issues and challenges with response times - new processes have been implemented and local audit demonstrates that response times are much improved. This also links to our new Facilities Management Transformation Programme. Dormitory accommodation plans are also now in progress and works on site have commenced, with the Willows due for completion on the 8th March 2021.
- Roll out of medicines administration technicians – these new posts are now in place across the Trust and local audit demonstrates that the number of medication errors has reduced.
- Roll out of smoke-free wards at the Bradgate Unit to address ongoing issues of mental health patients wanting to smoke outside the unit - the policy has been strengthened, updated and communicated to all staff. Communications to encourage health promotion have been implemented and strengthened. This has included a programme of offering nicotine replacement therapy to all inpatients. In response to covid and the risk of patients travelling off-site to smoke, an interim measure was included in the policy to allow for smoking in exceptional circumstance within the gardens at the Bradgate unit to secure patient safety. This has been reported to the CQC and continues to be regularly evaluated. As the risk of covid transmission declines, the Trust will revert to policy.
- Process of recording seclusion in line with the Mental Health Act code of practice including changes to documentation – systems and process has been redesigned, including the appointment to new posts to clinical lead the processes and local audit results identify that seclusion records are being completed in line with code.
- Improvement plans to address the long waiting lists – access appointment waits currently remain within commissioned targets. Demand and acuity however have rapidly escalated during 2020/21, with the initial reduction of referrals seen during the first lockdown being replaced by an unprecedented surge of referrals, with a higher percentage (28%) deemed urgent.
- The neurodevelopmental (ND) waiting list trajectory has been revised in the context of Covid. ND assessments were briefly suspended (25 March - 1 June) due to the requirement to risk-stratify and prioritise acute cases, alongside establishing a Central Access Point and Urgent MH Hub.
- Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) pathways were re-written and signed off in June 2020 to ensure a covid-secure offer could be provided in line with IPC guidance and school closures. Further pathway changes are being developed to optimise available capacity. Additional capacity has been secured from St Andrews and Helios.

In March 2020 we reported to our Quality Assurance Committee and the Trust Board and to our Commissioners, the System Improvement and Assurance Meeting with NHSI and the CQC that all Warning Notice, Must Do and Should Do actions resulting from the initial inspection report and warning notice letter had been completed. All of the CQC actions resulting from the 2018/19 inspection have been mapped to the Trust's clinical priorities and the 'Step up to Great' Strategy priorities and now forms part of the Trust's Quality Improvement Plan to ensure a Trust-wide response to areas requiring further development.

Phase Two

This phase focused on actions requiring additional quality improvement work to secure changes to the Trust's systems and processes. It involved the Trust adopting a longer term Quality Improvement approach to a number of projects which are in place to drive improvement:

- A buddy relationship for executive mentoring with a neighbouring 'outstanding' Mental Health and Community Trust, Northamptonshire Healthcare NHS Foundation Trust and the joint appointment of our new Chief Executive Angela Hillery which continues. This enables both Trusts to work collaboratively together, sharing learning and best practice and focusing on the key improvement areas as noted by the CQC, as a basis for this partnership.
- The Trust also has support from NHS Improvement with a Transformation Director and support to deliver our leadership, culture and inclusion programme. Over 90 members of staff continue to volunteer in the role of 'change champions' to deliver focus groups and gather feedback in order to target improvement.
- There is on-going work with the national WRES team to address Equality and Diversity improvements and there have been improvements in some WRES indicators noted in 2020, more representation of BAME staff across the workforce (currently 24%), and 2% increase of BAME staff in clinical bands 6 and 7.
- We have devised a revised framework for greater patient involvement and engagement, which has included the development of a new People's Council with membership from our service users and their carer, to enable us to consult and co-produce. We also have an active Youth Advisory Board and we are delivering against a patient involvement, engagement and inclusion strategy.
- We appointed two external consultants who delivered reviews into our governance arrangements and implemented key recommendations.
- We revised our Board Assurance Framework and Corporate Risk Register into a new Organisational Risk Register aligned to our Step up Great strategy.
- There has been a significant governance journey over the last 18 months within the Trust which has resulted with improved clarity over the arrangements for the Corporate Directors and their deputies and teams. It has also strengthened the arrangements for committees and their various levels, roles and functions.

Phase 3

This requires testing the embeddedness of changes made, to ensure that the Trust has addressed the original objective in a sustainable way. This is linked to the Trusts 3 year Quality Improvement Plan and we continue to monitor the embeddedness of improvement following the closure of our original action plan.

Since completion of the detailed CQC improvement plan related to the last inspection, the Trust has an overarching Quality Improvement plan in place with a variety of checking processes to determine current improvement actions, these include;

- Regular service led self-assessments against the CQC Key Lines of Enquiry with each directorate reviewing their previous inspection rating and re rating to their considered current position
- Buddy Trust Peer Review against the CQC Key Lines of Enquiry with a planned table top review of previous rating, re rating exercise rationale and evidence to support this decision
- Annual internal re-rate evaluation
- CQC led focus groups with staff which have been extended for further dates
- The feedback from CQC focus groups has been very positive with staff quoting that they had enjoyed the experience to share with an external organisation their journey
- On-going review of the embeddedness of previous actions

All improvement actions are captured within an electronic Quality Surveillance tracker, which is held on our internal Audit Management and Tool (AMaT) to capture and track actions.

The assurance and governance structures in place are:

- Foundation of Great Patient Care meeting held weekly with a programme of deep dives.
- Heads of Nursing meeting held bi-monthly with DoN and CQC team.
- The Medicines Management Group and the Positive and Safe Group report to the Quality Forum and any risks are escalated to the Quality Assurance Committee.
- The Estates Committee reports and escalates into the Finance and Performance Committee.
- CQC actions an agenda item at Directorate meetings on a regular basis.
- Regular programme updates to the Strategic Executive Board.
- Activity/Highlight report produced weekly to the Strategic Executive Team.
- Evidence folders created on Teams to store and file evidence for board members and CQC inspection team.
- Dedicated CQC project team report directly to the DoN and to the Strategic Executive Team.
- A strategic risk on the organisational risk register (ORR number 5) 'capacity and capability to deliver regulator standards'.

Impact of Covid and CQC Inspections

The CQC has worked differently during the COVID-19 pandemic and have moved away from on-site inspections as such The Trust has not been inspected as anticipated during 2020. The focus of assessments makes greater use of intelligence gathering and engagement. Whilst their regulatory role hasn't changed, they have paused routine inspections; instead they have undertaken inspections of high risk services only, with onsite activity kept to a minimum.

However, contact has been maintained with the local CQC inspection team throughout the year to respond to any issues or queries that have arisen. There are also bi monthly engagement meetings where the conversations are open and transparent to discuss the overview of CQC intelligence, provider update & concerns, risks and any other matters of concern. These meetings are viewed as being very positive and beneficial by all parties involved.

Conclusion

This report has detailed the actions undertaken within LPT following the Trust's CQC report published in February 2019 and the Warning Notice issued to the Trust on the 30th January 2019. It explains in detail the immediate improvement plan, the longer term projects and the ongoing work being undertaken by the Trust to test the embeddedness of the changes being made and how this links to the Trusts 3 year Quality improvement Plan.



Leicestershire Partnership
NHS Trust

Leicestershire Partnership Trust Improvement Journey from 2018 CQC Inspection to Current Position February 2021

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www.leicspart.nhs.uk

Our vision, values and strategy



Leicestershire Partnership
NHS Trust

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Our 2019/20 Highlights

Here's our journey so far to Step up to Great. How have you contributed?



Our Future Our Way
Improving culture, leadership, inclusion

We Improve Q
Trustwide Quality Improvement

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2. Good governance

Strengthened governance frameworks to support delivery of our strategy.

3. Our Future Our Way

Recruited 'Change Champions' who helped identify nine priorities to improve culture, leadership and inclusion.

1. A new strategy and vision

We have a strengthened strategy – 'Step up to Great' and a new co-produced vision:

"Creating high quality, compassionate care and wellbeing for all."

4. Single EPR

We are moving to a single electronic patient record, SystmOne, for mental health and physical needs.

5. Quality Accreditations

All wards have moved from self-regulation to quality accreditations.

9. WelImproveQ

A new 'WelImproveQ' quality improvement approach, supporting staff with an improvement knowledge hub of advisors.

8. Transformation

We've progressed transformation in community and mental health services through for example 'Home First' and 'Step up to Great Mental Health'.

6. Environments

Reviewed facilities management and escalation. Agreed a business case to eliminate dormitory accommodation.

7. Involving You

New co-produced patient involvement strategy includes staff champions and involving those with lived experience.

Improving standards of quality and safety

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**AIMS
accreditations in
MHSOP**



Having great access to our services

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Urgent mental health care hub



Single electronic patient record

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Involve our patients, carers and families

Creating the People's Council

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Creating
Represent Difference
People Respect
Voice Participation Transparency Diversity
Supportive Empowerment
Independent Real Compassionate
Developing Inclusive Independence
Inclusivity Listen Critical Friends
People-led Welcoming Council
Improving Aspiration
Continuous Change
Growth



June 2020
Next steps including launch of leadership behaviours and refresh of appraisal and Valued Star awards.



March 2020
No Bullying Listening into Action Event



Creating high quality, compassionate care and wellbeing for all.

December 2019 – January 2020
Engagement with staff to co-design our five leadership behaviours.



October 2019
Co-designed our new Trust vision.

May – August 2019
Focus groups and Board interviews.

September 2019
Synthesis and agreement of nine priorities.



May 2019
Recruitment and training of Change Champions.

V1 June 2020 www.leicspart.nhs.uk/ourfutureourway

Our Priorities

Our staff, service users, volunteers and stakeholders have helped our change champions to identify 9 priority areas that we need to address to help us have the best culture at LPT.



A clear vision

To create and own a clear vision that is supportive of and shows compassion towards patients and staff.



A clear Vision - Embedded into Step up to Great image and video, appraisal and external facing website.

Leadership - Launched behaviours framework and are measuring attendance at workshops, embedded into attraction, recruitment and selection, induction and appraisal.

Extended Senior Leadership Forum to Band 7's/
CUBE Feedback Model Session carried out, e-learning module coming in 2020, leadership review, consider a middle management forum.

Leadership

To develop successful and supportive managers/leaders across all levels to have the right skills and behaviours that reflect our values.



Valuing One Another - Learning Lessons and Exchange Group, Leadership Behaviours, BAME Listening Events, Virtual Staff Support Groups, MS Teams Etiquette, CUBE Feedback Model, Career Aspirations in Appraisal, Bank staff included in annual survey 2020, bank staff check in's in process.

Valuing one another

To ensure we communicate with compassion and respect to show that we value one another in everything we do.



Next – Reward and Recognition Strategy and Email Etiquette

Our Priorities

Our staff, service users, volunteers and stakeholders have helped our change champions to identify 9 priority areas that we need to address to help us have the best culture at LPT.



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Compassionate policies

To ensure our policies for staff and patients are compassionate, supportive, inclusive and that they are applied consistently and fairly.



Compassionate Policies - the following policies are currently up for review; disciplinary, bullying and harassment, sickness absence, grievance – staff group working on this.

Next - Behaviours and CUBE.

Meaningful data

To ensure we all collect and produce information which is meaningful and of high quality to continuously improve our ways of working.



Meaningful Data – Step up to Great – performance reports changed in line with new governance structures. Change Champion focus group commenced 10th November – more to come on influencing a cultural approach to meaningful data.

Remove silo working

To work collaboratively, learning and improving together as an efficient and effective organisation.



Remove Silo Working – Step up to Great impact, cross Directorate working evident through COVID and ICC, buddy organisational working, LLR systems working, new governance structures embedded, learning and lessons exchange group, standardised agendas, quality improvement

Our Priorities



Leicestershire Partnership
NHS Trust

Our staff, service users, volunteers and stakeholders have helped our change champions to identify 9 priority areas that we need to address to help us have the best culture at LPT.



No bullying

To take a Zero Tolerance approach to bullying behaviours, to speak up and support each other.



No Bullying – LiA undertaken, data gathered, Change Champion group formed to work on priority – policy change, CUBE feedback, provide middle managers development

Blame-free culture

To create a blame-free culture built on trust, by actively listening, learning, caring for and valuing all staff.



Blame Free Culture – Sarah Willis and Tracy Ward kicked off this work 13th November, looking at what is already taking place across the Trust; the behaviours framework, compassionate policies, learning lessons exchange group, a just and learning culture supporting staff through incidents and taking a learning approach.

Supportive appraisals

To strengthen the quality of our appraisals as a fundamental aspect of staff feeling valued, supported and motivated.



Supportive Appraisals – New and updated appraisal launched.

We will be evaluating the impact with you in Spring 2021 – please get involved.

LPT Champions of Race Equality

LPT – Champions of Race Equality 2020

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Our Response to:



- The Trust's CQC report published in February 2019 relating to the 2018 inspection
- 59 Warning Notice to the Trust on the 30th January 2019



Phase One – Immediate Transactional actions

The Warning Notice key improvement areas identified were:

- Access to treatment;
- Privacy and dignity;
- Environmental issues;
- Care Planning / risk assessments;
- Fire safety;
- Medicines management / medical devices;
- Seclusion environments and paperwork;
- Physical healthcare;
- Governance.

CQC quoted improvements including

- Significant improvements to the environments at most wards
- Improvements in ligature risks, including thorough risk assessments by staff
- 🔗 - Improvements in assessing and monitoring the physical healthcare of mental health patients,
- Improved medicines management in all areas.
- Improvements in fire safety and the 'no smoking' policy at the Bradgate Unit,
- Improvements in seclusion documentation and seclusion environments.

CQC quoted improvements including

- Improved patient privacy and dignity at the Learning Disability Short Breaks Homes,
- Significant reduction in waiting times of children and young people waiting for mental health assessments.
- An improved vision, strategy and priorities have been defined through our Step up to Great approach,
- Improved approach to sharing learning.
- Two external governance reviews to improve governance processes and structures within the Trust.

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Warning Notice re-inspection are

- Environmental improvements within the Bradgate Unit, I
- Roll out of medicines administration technicians
- Roll out of smoke-free wards at the Bradgate Unit
- Process of recording seclusion in line with the Mental Health Act code of practice including changes to documentation
- 63 Improvement plans to address the long waiting lists
 - The neurodevelopmental (ND) waiting list trajectory has been revised in the context of Covid.
 - Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) pathways

Phase 2 – to drive improvement

- A buddy relationship with Northamptonshire Healthcare NHS Foundation Trust
- The Trust also has support from NHS Improvement with a Transformation Director and over 90 change champions'
- On-going work with the national WRES team to address Equality and Diversity improvements
- A revised framework for greater patient involvement and engagement,
- Appointment of two external consultants who delivered reviews into our governance arrangements

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Phase 2 – to drive improvement

- Revised our Board Assurance Framework and Corporate Risk Register into a new Organisational Risk Register aligned to our Step up Great strategy.
- A significant governance journey over the last 18 months within the Trust which has resulted with improved clarity over the arrangements for the Corporate Directors and their deputies and teams.
- Strengthened the arrangements for committees and their various levels, roles and functions.

Phase 3 - embeddedness of changes

- Regular service led self-assessments against the CQC Key Lines of Enquiry
- Buddy Trust Peer Review against the CQC Key Lines of Enquiry
- Annual internal re-rate evaluation
- ⊗ CQC led focus groups with staff
- Feedback from CQC focus groups
- On-going review of the embeddedness of previous actions

Assurance and Governance

- Foundation of Great Patient Care meeting held weekly with a programme of deep dives.
- Heads of Nursing meeting held bi- monthly with DoN and CQC team.
- 67 The Medicines Management Group and the Positive and Safe Group report to the Quality Forum and any risks are escalated to the Quality Assurance Committee.
- The Estates Committee reports and escalates into the Finance and Performance Committee.
- CQC actions an agenda item at Directorate meetings on a regular basis.
- Regular programme updates to the Strategic Executive Board.

Assurance and Governance

- Activity/Highlight report produced weekly to the Strategic Executive Team.
- Evidence folders created on Teams to store and file evidence for board members and CQC inspection team.
- ∞ Dedicated CQC project team report directly to the DoN and to the Strategic Executive Team.
- A strategic risk on the organisational risk register (ORR number 5) 'capacity and capability to deliver regulator standards'.

Any Questions

69 Thank you!



Health and Wellbeing Scrutiny Commission
Work Programme (remaining meetings for 2019 – 2020)

Meeting Date	Topic	Actions arising	Progress
16 th December 20	<ol style="list-style-type: none"> 1. UHL Reconfiguration 2. COVID19 Update (including updates from partners) 3. Scoping Document for Scrutiny Review – BLM and Health 	Reconfiguration update expected later (March or April meeting) to update on consultation findings. ACTION: chase CCG responses to public supplementary questions from public	Action Complete
20 th January 21	<ol style="list-style-type: none"> 1. COVID19 Update 2. Vaccinations - Flu & COVID Progress Update 3. Health Inequalities Update 4. Draft Revenue Budget 2021-22 	<p>Update on Young People’s Council’s Mental Health Report removed from proposed items and forward plan as no update available.</p> <p>0-19 Commissioning deferred to next year due to need for extension (COVID)</p>	
3 rd March 21	<ol style="list-style-type: none"> 1. COVID19 Update 2. Vaccinations - Flu & COVID Progress Update 3. UHL Financial Adjustment – Update 4. LPT Improvement Plan Update 5. Mental Health Workstream Update 	Item 3 is based on the previous report presented in July 2020, with a need to update on auditor position.	
15 th April 21	<ol style="list-style-type: none"> 1. Consultation Response to UHL Reconfiguration 2. COVID19 Update 3. Vaccinations - Flu & COVID Progress Update 4. Health Inequalities Update – Action Plan 5. Updates on Obesity (including Childhood Obesity) 6. Turning Point Contract Update 	<p>Item 4 added based on discussions from 20th January 2021 (Health Inequalities Item)</p> <p>Item 5 deferred to this meeting from March, due to length of the agenda above.</p>	

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Forward Plan Items

Topic	Detail	Proposed Date
Health & Care section of Forward Plan - No decisions due to be taken under this heading for the current period (on or after 1 Dec 2020)		
0-19 Commissioning Update	Planned for January 2021 but current contract extended by a year due to COVID	January 2022
Update on Sexual Health Services / Contraception		Autumn 2021
Final Review Report – BLM and Health		May 2021
Manifesto Commitment Updates		Summer 2021
Impact of the Pre-exposure to HIV service and its funding		Summer 2021
Mental Health Update		March 2021
Updates on Obesity (including Childhood Obesity)		April 2021