

Minutes of the Public Meeting of the Trust Board

30th July 2024, 9.30am-1.00pm

Meeting held virtually via MS Teams

Present:

Crishni Waring, Chair
 Faisal Hussain, Non-Executive Director/Deputy Chair
 Josie Spencer, Non-Executive Director (joined meeting at 10.38am)
 Alexander Carpenter, Non-Executive Director
 Hetal Parmar, Non-Executive Director
 Angela Hillery, Chief Executive
 Sharon Murphy, Director of Finance
 Bhanu Chadalavada, Medical Director

In Attendance:

Sam Leak, Director of Community Health Services
 Tanya Hibbert, Director of Mental Health
 Paul Williams, Acting Director of Families, Young People & Children Services and Learning Disability and Autism Services
 Sarah Willis, Director of Human Resources and Organisational Development
 David Williams, Director of Strategy and Partnerships
 Paul Sheldon, Chief Finance Officer
 Kate Dyer, Director of Corporate Governance
 Deanne Rennie, Associate Director of Allied Health Professionals and Quality (on behalf of James Mullins)
 Ed Melia, Head of Communications (on behalf of Kamy Basra)
 Sonja Whelan, Corporate Governance Coordinator (Minutes)

TB/24/092	<p>Apologies for absence: Apologies for absence were received from Manjit Darby, James Mullins, Liz Anderson, Jean Knight and Kamy Basra. The Chair welcomed Deanne Rennie (deputising for James Mullins) and Ed Melia (standing in for Kamy Basra).</p>
TB/24/093	<p>Directorate of Mental Health – Community Mental Health Teams Tanya Hibbert introduced members of the Adult and Older Adult Community Mental Health Teams (CMHTs) whose presentation included the patient voice, staff voice and transformational changes taking place within the service. Attendees for this item included Sherry Palmer (Lived Experience Partner), Hannah Whiteman, Selina Speight, Michelle Bates (all Community Connectors), Nicky Haywood, Asha Auckloo (Clinical Team Leaders), Dr Sanjay Rao (Clinical Director) and Debi O'Donovan (Service Manager).</p> <p>Service Presentation (front door pilot) Debi O'Donovan explained the work being undertaken to test a new concept for a new model around transforming community mental health services. Four teams had been involved; two adult and two older adult teams. The background for the transformation was explained as well as the aims of improving access to mental health support, helping people 'wait well', reducing the need for multiple referrals to different teams, and testing new</p>

ways of working and new national roles (eg Community Connectors and Peer Support Workers). Following the release of investment standards money, implementation focused on the realignment to integrated neighbourhood teams, the concept of 'no wrong door' and achieving new ways of multi-disciplinary teams working together and providing seamless and individualised plans for patients and their families.

The new Leicester, Leicestershire and Rutland (LLR) Integrated Neighbourhoods were noted as:

- North West Leicestershire
- Hinckley and Bosworth
- Charnwood
- East North (Melton & Rutland)
- East Central (Harborough East with Oadby & Wigston)
- City East
- City West
- Blaby and Lutterworth

The following new 'front door' testing principles were noted :-

- the Central Access Point (CAP) continued to receive routine GP referrals/all self-referrals.
- GP routine referrals were redirected to the appropriate neighbourhood referral inbox with the aim of initial contact with Community Connectors being within 48 hours.
- testing the process to understand how it reduced triage wait times for patients who previously waited in CAP
- supporting testing of the 4 week waiting time metric.
- reducing multiple triages from different clinical services.

Staff Voice

Hannah Whiteman, Michelle Bates and Selina Speight then explained the Community Connector roles - which started as secondment opportunities. Knowing the local areas and therefore being able to signpost people appropriately was an important element of the role. A lot of the initial work entailed information gathering to ensure a fuller picture and to understand what other professionals or organisations, if any, were already involved. This information is taken to daily huddle meetings in a multi-disciplinary team (MDT) approach to ensure the best decisions were being taken for patients and to decide whether secondary care, voluntary care sector or referrals to other services were required.

The role includes identifying patient needs, providing introductions to the clinical team, helping with appointment bookings, drawing in additional professionals/other expertise as required and supporting the delivery of the waiting time metric.

As the roles were new it was important to understand what skills were needed going forward. Some of those skills identified were being able to work in a MDT setting, good communication skills and excellent knowledge of local areas and services.

Three case studies were then described; loneliness and isolation, spouse carer needing support and chaotic lifestyle due to past trauma. All these were success stories and made the Community Connectors feel valued in their role.

Dr Sanjay Rao, Clinical Director, further explained the front door testing had completed 6 weeks of testing over a period of 6 months in West Leicestershire CMHTs and 5 weeks for City East CMHTs. This learning led to reviewing and changing the model to adapt to needs.

Asha Auckloo described the data around referrals by pilot site for the testing period between January to June 2024. All routine external referrals were tested which showed the number of initial contacts by the Community Connectors. Over the testing period, communication methods were adapted in order to ensure contact with patients. There were a significant number of patients who did not initially respond, so a text template was devised to ask individuals to call back. If still no response, then a letter was sent. If still no response, then the individual was referred back to their GP. The data also showed 136 individuals did not need any secondary care input and the Community Connectors were able to offer support to access other services (warm handovers).

The top 4 outcomes from the daily huddles were about information gathering, warm handovers, needs led assessments and outpatient appointments. From an adult perspective, the top 3 warm handovers were to NHS Talking Therapies, Primary Care and LPT Recovery College.

Patient Voice

Sherry Palmer, Lived Experience Partner, explained how she had completed regular observations with the pilot teams and her feedback had been pivotal in improving processes, creating documents and shaping training packages. Community Connectors were far more than information gatherers; they build trust and rapport and genuinely listen to patients/carers/whole families and offer intervention quickly in order for patients/carers to gain help and wait well. Community Connectors were making a huge difference. They were trusting and committed and at the very start of the pilot were unaware of whether the role would offer any job satisfaction from just information gathering, however, the role was much more than that and the Community Connectors had grown into their roles. This new approach worked well because patients/carers are listened to at their first point of contact and don't have to re-tell their story again and again. The Community Connectors gain the trust of individuals, offer the tools required for individuals to move forward/remain independent, and this first step makes all the difference.

Debi O'Donovan advised the next steps included recruitment to 24 substantive Community Connector posts across the 8 neighbourhoods, finalising training packages, improving data collection, measuring the impact of JOY app to facilitate direct referrals, working with VitaMinds, Turning Point and the Recovery College to create pathways, roll out of front door concept as business as usual, establishing a Neighbourhood Duty Process and finalisation of the Neighbourhood Mental Health (Front Door) Standard Operation Procedure (SOP).

The Chair thanked the team for such an interesting presentation and invited any comments or questions.

Bhanu Chadalavada echoed the Chair's thanks and reflected on how the team had taken the opportunity, from a transformation project, to improve the quality of care being offered. How effective it had been and the principles of why it had been effective were about relationships in the local area, knowing the services, and having a collaborative approach. Bhanu Chadalavada then referenced the daily huddles and asked about access to risk assessments as part of that. Sanjay Rao responded that access was an issue initially but confirmed that every team had access to a duty Community Psychiatric Nurse (CPN) and medical representation, so this was now easier going forward.

Alexander Carpenter also offered thanks to the team and commented how the different transformation programmes across the trust were removing barriers to accessing care and health inequalities. He referenced the training interventions for the Community Connectors and asked how the broader teams were aware of this project. In addition, as these transformation programmes are being designed and implemented, he asked if insights from other trusts both regionally and nationally and vice versa were taking place. Debi O'Donovan advised a comprehensive communications plan was in place and as part of that, shared learning had taken place with primary care colleagues. The next stage was to hold workshops to share the front door concept and its outcomes with other CMHTs.

Angela Hillery was also pleased to hear about transformation and the difference it is making and in terms of psychological safety, Sarah Willis will be taking the learning into the work being prioritised around staff psychological safety within the organisation.

Faisal Hussain asked how the service linked with the Urgent Care Mental Health Hub and the Crisis Team and wanted to understand the rationale and logic for having this single point of access (front door) as it felt like *another* front door into the trust. In response, Tanya Hibbert explained the Central Access Point (CAP) still is the front door with one telephone number for both urgent and routine referrals. With a lot of process mapping it was found there were a number of steps within the CAP service taking time and not adding value. These steps were removed and in its place is a speedier, safer process to get to community teams. It was stressed that the CAP service still acted as a single conduit.

The Chair commented on the positives of how this helped with prevention, inequalities and proactive voluntary sector involvement, and concluded by thanking the team once again and wished them well in the next stage of their journey.

TB/24/094

Questions from the Public

There were no public questions.

TB/24/095

Declarations of Interest Report (Paper A)

No further declarations of interest were received in respect of items on the agenda.

	<p>Resolved: The Board received this report and noted the declarations of interest contained within.</p>
TB/24/096	<p>Minutes of Previous Public Meeting held 28 May 2024 (Paper B) The minutes were approved as an accurate record of proceedings.</p> <p>Resolved: The Board approved the minutes.</p>
TB/24/097	<p>Matters Arising (Paper C) There were no matters arising.</p>
TB/24/098	<p>Chair's Report (Paper D) The Chair presented this report which summarised Chair and Non-Executive Director activities and key events relating to the well-led framework since the last Board meeting. Attention was brought to the refreshed responsibilities for NEDs now that Manjit Darby had formally joined and Faisal Hussain had agreed to act as a link with the People's Council. Faisal Hussain had attended the launch of the South Asian History Month and a LPT showcase for Nursing, Allied Health Professionals and Pharmacy Research and remarked on the wonderful research projects taking place.</p> <p>Resolved: The Board received this report for information noting the updated NED responsibilities.</p>
TB/24/099	<p>Chief Executive's Report (Paper E) Angela Hillery introduced this report which provided an update on current local issues and national policy developments since the last meeting. Key points highlighted from the report were:-</p> <ul style="list-style-type: none"> • NHS England appointed Dr Adrian James to a new role supporting the transformation of services for people with mental health needs, autism, learning disability and those who are neurodiverse. • Three LPT nursing-led projects had been put forward for a Nursing Times Award. • The mental health triage car service had been shortlisted for the 2024 HSJ Patient Safety Award. • Attendance at the Ugandan Nursing and Midwifery event as joint CEO - the Chief Nursing officer from Uganda attended along with other VIPs and this was a fantastic event which celebrated international nursing. • Following the UK general election and new Government, NHS CEOs had collectively reached out to new MPs across LLR. • As part of the East Midlands Alliance work there is an opportunity for all the Boards to come together to learn and network more around collaboratives. The event is taking place on 9 September 2024 and will take place at St Andrew's Hospital. <p>Josie Spencer added she was pleased to see the work around cervical screening for people with learning difficulties in terms of health inequalities for that client group.</p> <p>Resolved: The Board received this report for information.</p>

TB/24/100	<p>Environmental Analysis (Verbal)</p> <p>Angela Hillery offered an environmental update as follows:</p> <ul style="list-style-type: none"> • UHL colleagues had exited Tier 1 in terms of the regulatory regime for emergency care and congratulations had been offered. • Congratulations were offered to the Children’s and Young People Services at the County Council who had recently achieved an ‘Outstanding’ rating from Ofsted. • A recent independent report commissioned by the Nursing and Midwifery Council (NMC) to understand aspects of their culture had been published – the findings of which were shocking and upsetting. Voices were not heard, safeguarding concerns existed and there was experience of racism, discrimination and bullying. The NMC have apologised and fully accepted the recommendations of the report but nevertheless it has caused a great deal of concern. LPT have written to staff to offer support at this time and will be taking further learning into the People and Culture Committee. With regard to this, Deanne Rennie added that focused task and finish groups were taking place to see what the recommendations meant for LPT and how we support staff. • Similarly, there has been a national review into the Care Quality Commission (CQC) with an interim report being published with a series of recommendations which the CQC has accepted – of which this Board needed to understand the impact and implications. • The Government has announced its intention to accept the Pay Review Body recommendations and had made an offer to junior doctors.
TB/24/101	<p>Board Assurance Framework (Paper F)</p> <p>Kate Dyer presented this report which showed ten strategic risks including a new strategic risk pulled out of a broader financial risk which concentrates on capital funding in the system. Within those ten strategic risk areas, four are currently classed as high risk, one of which is capital funding with the others relating to access, estates and workforce.</p> <p>Faisal Hussain noted that a number of the risks (3,4, 9 and 10) did not have the first line of assurance areas populated and sought to understand where the gaps were in order for the Board to take assurance. Kate Dyer explained there were not necessarily gaps in assurance against how the risk is being mitigated but was conscious a good balance of feedback was required and this was an area of focus during monthly review meetings moving forward which would come through stronger as it embedded.</p> <p>Alexander Carpenter endorsed the splitting of the broader financial risk and acknowledged this was a significant risk for the trust moving forward.</p> <p>Angela Hillery commented on the benefits from the BAF in terms of its structure and content but also in the ability to stay dynamic and agile. The work that had gone into producing it was fantastic and Deloitte’s had already reached out to Kate Dyer to share this framework with others as best practice.</p> <p>Hetal Parmar agreed the BAF was a fantastic tool and a step in the right direction and asked how it would evolve in the future. Kate Dyer advised the BAF would adapt and move to the evolution of our strategy and because of</p>

	<p>the dynamic nature would reflect some of the new strategic conversations that have been held throughout the year.</p> <p>Although the importance of medium-term actions was reflected in BAF03, the Chair reinforced this, as a failure to deliver would undermine the longer-term financial position. Sharon Murphy added that the System was currently drafting high level principles and would work with partner organisations to agree those. As a result of that, LPT’s medium-term plan would then be drafted with the aim of bringing to Board.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/102	<p>Audit and Risk Committee AAA Report: 18 June 2024 (Paper G)</p> <p>Hetal Parmar introduced this report and drew attention to the following:-</p> <ul style="list-style-type: none"> • No alerts or advisory items to highlight. • Assure items included the 2023/24 clinical audit forward plan being well received although it wasn’t clear where the biggest priorities were, so for that reason, a follow up and review would take place. The 2023/24 annual financial accounts were signed off and a review of ARC as a committee had taken place which would come to the next Board. • An outstanding item to highlight was the significant assurance received through the Head of Internal Audit Opinion (HOIAO) around governance, risk and control across the organisation. <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/103	<p>Well Led Update (verbal)</p> <p>Kate Dyer reminded colleagues of the recent independent review of leadership and governance arrangements performed against the well led framework. The review was in unison with NHFT and Deloitte were commissioned to undertake the review for LPT and NHFT separately but also considered opportunities to take forward with the Group. An Executive Summary is being worked up currently and an improvement plan is being worked on. The improvement plan is aimed at maximising opportunities that Deloitte have described in their reports which move us towards the best in class position and will be received in full once agreed.</p> <p>In light of the well-led review and any additional checks and balances that needed to take place, the Board Development Programme was deferred and would be received at the next Board meeting for approval.</p>
TB/24/104	<p>Committees in Common Joint Working Group AAA Report: 17 June 2024 (Paper H)</p> <p>Faisal Hussain introduced this report and drew attention to the following:-</p> <ul style="list-style-type: none"> • No alert or advise items to highlight. • Assure items included a good presentation around talent management, leadership and organisational development which built in a number of key successes in how both organisations share information, recognise and support staff and share vacancies. In innovation and research there were a number of key achievements highlighted, not least the achievement of Associate University Hospital status. The group value programme looked at the cost effectiveness and effectiveness of enabling services. The LPT and NHFT group model is being used by

	<p>NHSE to highlight good group working and this was another point highlighted by Deloitte as a best example of group working. Between both organisations, the approach to quality improvement was noted as key. Estates best practice and joined up approach was key which has led into the 5-year estates plan. Josie Spencer made a plea for more narrative around objectives and key milestones for the coming year. David Williams confirmed that clarity would follow with specific measurables.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/105	<p>UEC Partnership Update – July 2024 (Paper I) In Jean Knight’s absence, Angela Hillery introduced this report which is also being presented to University Hospitals of Leicester (UHL) and Integrated Care Board (ICB) so is a common update following the (Urgent and Emergency Care (UEC) summit. To remind colleagues, there was an external review of the UEC programme governance and partnership working and this report highlighted the progress and deliverables as well as the proposals to be expected in due course. Finally, an interim Director of UEC has commenced in post and is in the process of meeting partners.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/106	<p>Quality and Safety Committee AAA Report: 18 June 2024 (Paper J) Josie Spencer introduced this report and drew attention to the following:-</p> <ul style="list-style-type: none"> • No alert items to highlight. • Advisory items included the audiology issues where a full report is expected soon, the reducing harm whilst waiting work has now been integrated to the community mental health integrated neighbourhood team transformation work and staffing capacity was now in place to tackle the Learning from Deaths (LfD) backlog. <p>In response to a query from Faisal Hussain, it was confirmed that two clinicians had been recruited to help clear the backlog.</p> <p>The Chair noted the outstanding item about insulin administration as another good example of quality improvement being taken forward.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/24/107	<p>Safe Staffing Monthly Report (Paper K) Deanne Rennie introduced this report which provided a full overview of nursing safe staffing during the month of May 2024, including a summary and update of new staffing areas to note, potential risks and actions to mitigate the risks to ensure safety and care quality are maintained. This report triangulated workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback. Key points were highlighted as:-</p> <ul style="list-style-type: none"> • Continued decrease in temporary worker utilisation rate by 0.51%. • Trust wide agency usage decreased to 9.25% overall. • Senior staffing review being undertaken to triangulate metrics where there is high percentage of temporary worker/agency utilisation.

	<ul style="list-style-type: none"> • Work being undertaken to ensure good oversight of falls. • The falls reported in Community Health Services (CHS) inpatients, 13 had no harm, 17 had low harm, no patients had moderate harm. • For DMH, inpatients continue to have a high percentage of temporary workforce however work is ongoing to reduce this. • Good compliance rate for substantive staff and improvement in compliance amongst bank staff. • Flatlift training compliance has significantly improved. • Significant reduction in off framework agency use in CHS. • Health and wellbeing remains a focus and the DAISY awards continue. <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/108	<p>Patient Safety and incident Learning Assurance Report (Paper L)</p> <p>Deanne Rennie introduced this report which provided assurance on LPTs incident management and Duty of Candour compliance processes. The process reviews systems of control which continue to be robust, effective and reliable, underlining the commitment to continuous improvement of keeping patients and staff safe by incident and harm reduction. This report also provided assurance on ‘being open’, numbers of incident investigations, themes emerging from recently completed investigation action plans, a review of recent Ulysses incidents and associated lessons learned. It was reported that:-</p> <ul style="list-style-type: none"> • Having received three prevention of future death reports (Regulation 28) a deep dive has been undertaken and a Rapid Improvement Programme put together, being led by Jean Knight with oversight by Angela Hillery. • PSIRF programme has continued to progress - early feedback from staff has been positive. • LPT continues to see normal variation in Cat2 and Cat4 pressure ulcers. • The Suicide Prevention Lead has now been in post for a while and has undertaken a review of training and training needs analysis. • The mental health therapeutic observations task and finish group is a key project - working as a Group with NHFT. • Updates to CQC and commissioners continue around any incidents that may occur. <p>Josie Spencer referred to the governance and assurance around the Regulation 28 process and asked how Board would be kept up to date and informed. Kate Dyer confirmed that this report is where the detail would be provided. However, it was noted that some of this needed to be routed through the Quality and Safety Committee (QSC).</p> <p>Faisal Hussain referred to pressure ulcers within the community, particularly Cat4 pressure ulcers that appeared to be related to the complexity of patients, and expressed concern that learning did not seem to have shifted the number of Cat4 pressure ulcers. He further explained his concern about the cost in terms of the quality of life for those patients but also the cost of dealing with a Cat4 pressure ulcer, as he understood a lot more was being done to help educate and support individuals and their families/carers about pressure ulcer prevention. He asked what progress was being made on this matter.</p>

	<p>Sam Leak responded and explained that community nursing teams were seeing an increase in the acuity of patients coming on to their caseload, some already with pressure ulcers, so the fact that numbers are maintained means there is improvement. The work around Cat4 pressure ulcers is shifting to Cat2 pressure ulcers so they can do the preventative work at that level as it was almost too late to offer preventative work at Cat4 level. This work is being reviewed at the QSC in August.</p> <p>Secondly, Faisal Hussain asked about the falls in the Bradgate Unit and queried whether the elimination of dormitory accommodation and en-suite showers is something that was missed or could have been done differently.</p> <p>Tanya Hibbert did not think the falls incidents were associated with the dormitory work as the wards are some of the older wards on the Bradgate Unit. A programme commenced last year around replacing the shower steps in the existing acute wards in the Bradgate Unit and because of being on Operational Pressures Escalation Level (OPEL)4 for sustained periods of time since February/March the step programme had not been completed but the team were liaising with the Estates department to re-commence and complete.</p> <p>The Chair thanked all for the helpful discussion and, reflecting on learning from incidents, asked how the detail of incidents is looked at, taken forward and shared across the organisation. Deanne Rennie explained that weekly incident review meetings (IRMs) took place where senior leaders reviewed the detail and identified any immediate learning and because there is good representation from enabling teams, heads of nursing, allied health professionals (AHPs) and medical colleagues at the meeting, the learning is shared far and wide. Following the IRM, there is then a decision about the type and level of investigation. In the new PSIRF framework it is undertaken in a more collaborative way with staff which means learning is started much earlier.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/109	<p>Finance and Performance Committee AAA Report: 18 June 2024 (Paper M)</p> <p>Alexander Carpenter introduced this report and advised:-</p> <ul style="list-style-type: none"> • No alert items to highlight. • Key advisory items included the closure of four bedrooms at the Belvoir Unit to allow emergency work to be undertaken, ongoing challenges in neurodiversity waits within adult ADHD; with a joint QSC/FPC working group taking place to undertake a deep dive into waiting times, safety and harm. A number of contracts remained un-signed with the ICB and significant work was underway to ensure these are signed in a timely manner. The HPV vaccination programme income had reduced by around 50% and therefore under review. • Assurance items included good levels of assurance around financial delivery, a number of annual reports had been received which the committee took high levels of assurance from. <p>Sharon Murphy updated members on the aforementioned un-signed ICB</p>

	<p>contract and confirmed it had been completed by the end of June - which was the deadline for sign off.</p> <p>The Chair made reference to the waiting times and in particular the ADHD waiting times and wondered whether there was enough of a focus on 'waiting well' given the long waiting times.</p> <p>Prior to inviting Paul Williams to respond, the Chair noted that this was his first public Board meeting.</p> <p>Paul Williams welcomed the opportunity to have the two committees (QSC/FPC) coming together to explore the issues jointly as it would give the opportunity to consider this from both a children's and adults' perspective.</p> <p>Bhanu Chadalavada added that a national panel had been appointed to look at what strategies could be used to look at earlier assessments and quality of assessments, and advised this national directive is awaited.</p> <p>Tanya Hibbert provided further assurance that a comprehensive business case had been produced regarding adult ADHD waiting times and referenced the BBC coverage the previous week around national challenges on waiting times for adults with ADHD. The business case was taken through ICB colleagues and there are a number of transformational opportunities. Moving forward clarity about what is best practice may come from the national working group previously mentioned by Bhanu Chadalavada. LPT linked in with NHFT colleagues to understand how both trusts are managing the waiting well aspect and improving processes to enable speedier access and assessments. Sharon Murphy added that the refreshed Access Delivery Group also covered reducing harm while waiting in terms of the actions described and the associated assurance.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/110	<p>Finance Report – Month 3 (Paper N)</p> <p>Sharon Murphy introduced this report which provided an update on the Trust financial position for the period ended 30 June 2024. Key issues were highlighted as:-</p> <ul style="list-style-type: none"> • At Month 3 there is a £995k deficit, in line with plan. • Small variances emerging in some services – mostly linked to delivery of the control total targets. • Due to lower funding at the beginning of the year, compounded by the £900k topslice, the Trust now had a £11.4m business as usual capital plan for 2024/25. • £1.2m overcommitted at this point – discussions ongoing about re-prioritising the capital plan – currently for approval with the Capital Management Committee. The plan can only be balanced as a result of potentially receiving £600k for the Belvoir Unit Scheme – that bid is currently with NHSE. • The ICS has recently drafted a 10-year infrastructure strategy to which LPT has contributed. This will be used as a start-point for the System and LPT's 5-year Capital Plans. • Agency continued to overdeliver against ambition.

	<ul style="list-style-type: none"> • The LLR System as a whole looks like it will be below the NHSE ceiling of £49m – we are looking to deliver £37m. • Agency reduction plan continues – virtually eliminated off-framework use. • Delivery of the cost improvement plan is being reviewed at the Enhancing Value Group – with 25% of the CIP plan being described as high risk. The Group is already looking at the 2025/26 CIP plan. • Better Payment Practice Code – cumulatively, three out of four targets were delivered this month. <p>The Chair thanked all involved for the great work being done on agency control as this was a huge area of focus, however, from the directorate income and expenditure issues asked whether there were any areas of worry particularly in terms of run rates. Sharon Murphy advised she would have a better idea after the bi-monthly reviews (which were due to start next week), but that currently her concerns were more around the strategic risks where there was not a lot of manoeuvrability eg pay awards.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/111	<p>Performance Report – Month 3 (Paper O)</p> <p>This report, presented by Sharon Murphy, provided the Trust’s performance against Key Performance Indicators (KPIs) for June 2024. The exception reports matrix was summarised; it was noted that all areas of performance had been reviewed at the Accountability Framework Meeting and there was nothing to escalate to Board.</p> <p>Resolved: The Board received and approved this Performance Report.</p>
TB/24/112	<p>Standing Financial Instructions (SFIs) and Scheme of Delegation (SORD) Proposed Updates (Paper P)</p> <p>Sharon Murphy presented this report which detailed the proposed changes (highlighted in red text) to the Trust’s Standing Financial Instructions (SFIs) and Scheme of Delegation (SORD). These changes had already been reviewed by the Audit and Risk Committee at its meeting on 14 June 2024.</p> <p>Resolved: The Board received this report and approved the proposed SFI/SORD updates.</p>
TB/24/113	<p>Charitable Funds Committee AAA Report: 19 June 2024 (Paper Q)</p> <p>Faisal Hussain introduced this report and drew attention to:-</p> <ul style="list-style-type: none"> • No alert or advisory items to highlight. • Key assurance items included the Committee’s Annual Effectiveness Review, raising the profile and visibility of Raising Health, approval of the investment strategy and the finance report (with the Committee noting that 50% of funding had been received from the generosity of legacies). Finally, the Beacon Appeal was raising funds for sensory rooms and Raising Health now had a Reserves Policy. <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/114	<p>People and Culture Committee AAA Report: 18 June 2024 (Paper R)</p> <p>Faisal Hussain introduced this report and advised:-</p> <ul style="list-style-type: none"> • No alert items to highlight.

	<ul style="list-style-type: none"> • Advisory items included agency reduction, recruitment and retention. • Key assurance items included the Annual Committee Effectiveness and assurance that the People and Culture Committee (PCC), with its expanded role, would not replicate the work undertaken at the Strategic Workforce Group (SWG). <p>Sarah Willis welcomed the amended Terms of Reference (ToR) for the PCC and felt it was important that the next version of the PCC would give the Board full oversight of the workforce agenda. It was noted the Trust had been taken off the NHS Improvement Programme in relation to the level of Health Care Support Worker (HCSW) vacancies as NHSE felt assured of plans and had asked to share our work with other organisations. Josie Spencer also welcomed the broadened ToRs for the PCC but queried whether PCC was now the committee where the Freedom to Speak Up (FTSU) reporting should take place, instead of the QSC. Kate Dyer confirmed that as part of the expanded remit of PCC a review of items into committees will be taking place to include the FTSU reporting route.</p> <p>The Chair noted the time to recruit being an improving picture and recalled this being cited as requiring some focus and invited Sarah Willis to provide an update. Sarah Willis explained the urgent response programme set up nearly 12 months ago in relation to challenges around vacancies and recruitment times, and how pleased she was that the actions from that programme were having a positive impact. One of the actions implemented had been the new recruitment system JobTrain and the next area of focus would be the embeddedness of the new system. Faisal Hussain added that feedback he had received on some recent Boardwalks around recruitment times had been positive and had greatly improved recruitment and retention on the wards he had visited.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/115	<p>Freedom to Speak Up Annual Report (Paper S)</p> <p>Angela Hillery welcomed Chris Moyo who was in attendance to support the sharing of the Freedom to Speak Up Annual Report. He updated members on Speaking Up initiatives related to raising concerns and to provide assurance that concerns raised are effectively managed in line with current best practices. Key items were highlighted as:-</p> <ul style="list-style-type: none"> • The adoption of the new Freedom to Speak Up (Speak Up, Listen Up, Follow Up) Policy which aligned with current guidance from NHS Improvement and NHS England. • During July and August of 2023 an independent audit was undertaken to provide an independent assurance opinion on the arrangements in place for meeting FTSU requirements within the trust. The final report was published in October 2023 and all recommendations have been included within the FTSU Action Log. The log is closely monitored in collaboration with the Managing Director and to date all actions from the report have been completed and learning taken forward. • There was a slight reduction in the positive response on the FTSU NHS Staff Survey question (Q20a) with responses on the other three questions remaining the same or showing a slight improvement. • The network of champions continued to support the FTSU work.

	<ul style="list-style-type: none"> • FTSU awareness was still taking place through optional training on uLearn, inductions and roadshows. • The tables within the report showed the FTSU Guardian activity and contacts. • Attitudes and behaviours have been difficult with staff feeling disheartened when using the Disputes and Resolution Policy as they felt their concerns were not being received well by HR colleagues. • Future actions as detailed in the paper were then highlighted. <p>Josie Spencer referred to the dispute resolution process not being seen as a positive process in the same way as going through the FTSU Guardian. This needed to be understood better in order to resolve any issues swiftly and advised that work would be needed over the coming year around this. Sarah Willis explained that HR had regular contact with the FTSU Guardians so information regarding themes is coming through and currently the Dispute and Resolution Policy is being reviewed. In addition, there was work going on in the culture leadership and inclusion programme so the themes coming through feed into identifying priorities as an organisation with psychological safety being key. This is a continuous cycle and leadership behaviours are the golden thread to developing leaders.</p> <p>Faisal Hussain asked about the attitudes, behaviours and incidents of bullying and whether this could be looked at as part of the deep dive work for Strategic Workforce Group (SWG) and/or the expanded PCC to understand are we getting an increase in reporting because of an improved culture and therefore reporting more, or are we seeing an increase in incidents, as he did not get a sense from this report which of those two things it was.</p> <p>It was noted that there are lots of routes used to speak up and this is only one route, however, negative experiences are as important as the positive and this is where triangulation is key. The Executive Management Board (EMB) and Strategic Executive Board (SEB) look at themes and issues and areas generating concern and the culture work is seeking to bring all that together. It was acknowledged that the FTSU Guardian roles were challenging, and thanks were offered to Chris Moyo and Pauline Lewitt for their work and the support they offered staff.</p> <p>Action: PCC to consider, as a deep dive, the underlying reasons for the increase in FTSU incidents/concerns and report findings through to Trust Board in the AAA Highlight Report.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/116	<p>Review of risk – any further risks as a result of board discussion? No further risks were identified as a result of the discussions in today's meeting.</p>
TB/24/117	<p>Any Other Urgent Business No other business.</p>
TB/24/118	<p>Papers/updates not received in line with the work plan: n/a Trust Board development programme (<i>deferred to next meeting</i>).</p>

Close – date of next public meeting: 24 September 2024