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NHS
Leicestershire Partnership
NHS Trust

Minutes of the Public Meeting of the Trust Board
24th September 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
Hetal Parmar, Non-Executive Director
Liz Anderson, Non-Executive Director
Manjit Darby, Non-Executive Director
Angela Hillery, Chief Executive
Jean Knight, Managing Director/ Deputy Chief Executive
Sharon Murphy, Director of Finance
Bhanu Chadalavada, Medical Director
James Mullins, Interim Director of Nursing, Allied Health Professionals and Quality

In Attendance:
Tanya Hibbert, Director of Mental Health
Paul Williams, Acting Director of Families, Young People & Children Services and Learning Disability and Autism Services
David Williams, Director of Strategy and Partnerships
Paul Sheldon, Chief Finance Officer (joined meeting at 11.34am)
Kate Dyer, Director of Corporate Governance
Nikki Beacher, Deputy Director for Community Health Services
Dan Norbury, Deputy Director of Human Resources and Organisational Development
Kamy Basra, Associate Director of Communications and Culture
Sonja Whelan, Corporate Governance Coordinator (Minutes)

TB/24/119	**Apologies for absence:** Apologies for absence were received from Alexander Carpenter, Sarah Willis and Sam Leak. The Chair welcomed Dan Norbury (deputising for Sarah Willis) and Nikki Beacher (deputising for Sam Leak). Also welcomed were those observing the meeting via the Livestream function.
TB/24/120	**Learning Disabilities and Autism – Reducing Health Inequalities** Paul Williams explained that the Learning Disabilities and Autism (LDA) Collaborative, led by Leicestershire Partnership Trust (LPT), commissioned, delivered and improved services alongside the Local Authority (LA), University Hospitals of Leicester (UHL) and the Integrated Care Board (ICB). This collaborative enabled LPT to work more effectively with partners to improve people's lives, address challenges and recruit and retain the best staff locally. Paul Williams then handed over to the LDA team for their presentation. Attendees presenting today included Laura Smith (Head of Services Learning Disability and Autism), Laura Rodman (Project and Planning Lead - Leicester, Leicestershire and Rutland Learning Disability and Autism Collaborative), Rebecca Eccles (Health Equity Lead - Leicester,

Leicestershire and Rutland Learning Disability and Autism Collaborative), Siouxie Nelson (Clinical Lead for the LeDeR Programme), Noor Al-Reface (Senior Strategic Dietitian – Learning Disabilities), Vanica Patel (Learning Disability and Autism Collaborative Communications and Engagement Lead) and Shelley Winterton (Primary Care Liaison Nurse).

Service Presentation
The service presentation was delivered by Laura Smith and Laura Rodman and talked through both the learning disability services and the LDA collaborative. The system challenges and subsequent impact on LDA services were described. The service was under pressure with more people waiting overall, however, the numbers of people waiting over 52 weeks had reduced. For the LDA collaborative there had been a noticeable improvement in performance in key areas over the past three years with Leicester, Leicestershire and Rutland (LLR) ranking highly at both regional and national level. For the LeDeR programme, which sought to identify learning from both the lives and deaths of people with a learning disability and autistic people, it was confirmed that from most recent data available, LLR is ranked first nationally for the percentage of cases completed within 6 months. For LD annual health checks, LLR is ranked first in the Midlands and fifth nationally for 2023-24 and for the current year the quarter 1 target had been exceeded. With regards to the Oliver McGowan training, LLR is one of the highest performing systems regionally for both Tier 1 and Tier 2 completion rates.

The most recent planning guidance from NHS England reiterated the requirement to further reduce the number of people with a learning disability and autistic people who are in mental health hospitals and LLR were reported to be one of the best performing systems in England. It was also independently identified by the Equalities and Human Rights Commission there had been a 30% reduction in the number of people with a learning disability and autistic people being detained under the Mental Health Act across LLR for the period October 2021 to March 2024. Also highlighted was the sustained reduction in LDA inpatient numbers for both adults, children and young people - with zero children and young people inpatients at the end of July 2024. In addition, there had been a significant reduction in length of stay for young autistic people in LLR.

In order to respond to increasing complexity and demand on services, changes were being piloted and implemented in areas such as digital, treatment pathways and shared care records. The programme structure around LDA health inequalities for 2024-25 and the benefits of working with the LDA collaborative were shared.

Support was then sought from Trust Board with implementing the LeDeR top 10 actions identified from local learning to help prevent deaths of people with a learning disability and autistic people (as detailed within the slide pack), to press for further improvements in annual health check uptake and associated health plans, to fully implement the reasonable adjustment digital flag across all services, to encourage compliance with the Oliver McGowan mandatory training, challenges with IT systems and to ensure LDA considerations are in all pathways, strategies and plans.

Patient Voice
Reference was made to the LDA collaborative vision which had been co-produced with service users. The vision was 'for everyone to live good, happy lives, to be as healthy as they can be, doing the things that make them happy, close to where they live'. To achieve this vision work was taking place to ensure that everyone in the LLR community has access to the healthcare they need, reducing health inequities in society, especially for autistic people and people with a learning disability. Reasonable adjustments are key to helping reduce health inequities and some examples were given, eg, providing plain language or easy read appointment letters, use of technology to enable better communication and offering longer appointments to ensure information being given is understood. One of the biggest factors to avoidable deaths is the difficulty people with a learning disability have in accessing healthcare. An example of reasonable adjustments that the collaborative have helped introduce was the taking of bloods under sedation. This service is offered at community hospitals where the environment is adapted to make if safe, quiet and comfortable with any further adjustments being implemented for the individual. The final thought offered by Lived Experience Partner, Dylan, was to 'Ask, Listen, Do'.

Staff Voice
Siouxie Nelson explained her role within the LeDeR programme and highlighted one of the biggest challenges was working with services outside the LD directorate understanding that people with a learning disability and autistic people access *all* services, not just the specialist learning disability and autism services, and for those 'ordinary' services to be aware of their roles and responsibilities in the lives and deaths of those people. Siouxie was particularly proud of the thematic analysis on aspiration pneumonia for people with a learning disability where an aspiration pneumonia protection plan and risk profile was being developed to prevent future avoidable respiratory deaths.

Rebecca Eccles explained the main aim of her role was to ensure people with learning disabilities and autistic people have equitable access to health services by having good health. Over the past year, her focus has been on early intervention and prevention, and she had set up a health equity champions network with the aim of bringing together local communities, voluntary sectors and statutory services to have a shared goal; the network currently had over 100 members. One area that Rebecca was delighted about was the upcoming launch of a GP Friendly Practice Award – this is a self-assessment, which had been co-produced with lived experience partners, that offered assurance about the high-quality care GPs offered. Another area of highlight was a pilot to support people with complex health needs (and therefore require reasonable adjustments), who had not received a health check for two or more years. In 2023, the pilot received 277 referrals. This approach had been incredibly effective and had delivered numerous health improvements, however, one of the risks was that funding for the programme was due to expire in March 2025.

Shelley Winterton was part of a small team of six that covered LLR and worked in the community. Her role involved liaison with primary care services to ensure that people with a learning disability can access primary health care and are provided reasonable adjustments to do so - the focus

being to increase uptake and improve the quality of annual health checks, access to routine screening and delivering training and awareness to primary care and social care providers. One of the team's current quality improvement projects included working jointly with services across health and education to better identify children that might have a learning disability and to record and share the information appropriately. Shelley enjoyed and valued being part of a dynamic and proactive service and was pleased that the team had been nominated for Team of the Year in this year's Celebrating Excellence Awards.

Vanica Patel was the communications and engagement lead and had been in post since April 2024. Her role spanned across the collaborative which meant she worked with colleagues from different sectors. A challenge around engagement was in ensuring work took place with more diverse communities to not only share the work of the collaborative but also to get more lived experience partners on board to truly co-produce, design, plan and deliver together.

Noor Al-Refae explained that since joining the team, she has been leading efforts to improve nutrition, hydration and associated health outcomes. One of her recent initiatives was the development of a food and fluid refusal policy as part of a critical response to mitigate patient deterioration and hospital admissions. She had also created a comprehensive 'go to' guide for good nutrition and physical activity – a useful resource for carers, those with lived experience or medical professionals. Additionally, accessible wheelchair scales to each primary care network (PCN) had been funded as it was identified that weight checks was a frequent challenge and nineteen PCNs now had these scales in place. A critical next step would be to acquire the funding for a clinical specialist learning disabilities dietician to join the LD service as this would allow a more consistent multi-disciplinary approach and expert care.

The Chair thanked the team for their presentation where it was clear to see the collective effort and incredible success. Questions were then invited.

Josie Spencer was pleased to hear about the work around aspiration pneumonia and noted the LeDeR Annual Report item later on the agenda which highlighted this as a leading issue for hospital admissions for many people with learning difficulties, and then asked if work was going on around supporting people when they are admitted to hospital. Siouxie Nelson responded that UHL had recently recruited a children's learning disability nurse into their acute liaison team who worked closely with LD as part of the LDA collaborative and who together with herself and the lead for speech and language therapy are writing a piece on aspiration pneumonia; this looked at the journey of being admitted to hospital and the support of the multi-disciplinary team surrounding individuals.

Faisal Hussain reflected on the importance of integrating into all of our services by a basic understanding of learning disabilities and autism rather than specialist services and the whole message around reasonable adjustments and making small changes was key. He then asked how integral the voluntary and community sector were in supporting and working with the collaborative. Laura Rodman replied that a recently appointed lived

	experience partner was making those links with the community and voluntary sector to work together and better support people with learning disabilities and autistic people. Liz Anderson was interested in any work that might be taking place with carers as she recognised that supporting people with learning disabilities and autism can be exhausting and asked how connected the team were with social care to offer support to carers. Shelley Winterton advised that as part of her role in primary care nursing, training and awareness sessions were delivered to GP practices and social care providers to ensure reasonable adjustments are in place for carers as well. Bhanu Chadalavada thanked the team for their fantastic work and asked how the learning could be shared across other directorates. Angela Hillery echoed the thanks and emphasised this was integrated care in action and what integrated systems were set up to do; it was really important work that was making a positive difference to our population. The Chair reiterated the importance of everyone working in partnership and how it was great to see the outcomes and benefits of that and offered a suggestion that achievements and outcomes of the collaborative 'on a page' as an infographic could be really impactful in energising others when sharing. The top 10 actions asked of the Board would be picked up in the LeDeR item later on in the agenda. In conclusion, thanks were offered once again.
TB/24/121	**Questions from the Public** There were no public questions.
TB/24/122	**Declarations of Interest Report (Paper A)** In respect of items on the agenda and in the interests of transparency, Manjit Darby declared previously holding a non-executive director position at Nottinghamshire Healthcare Trust. It was noted that the public version of the Declarations of Interest report had been updated with more information in respect of Bhanu Chadalavada. **Resolved:** The Board received this report and noted the declarations of interest contained within.
TB/24/123	**Minutes of Previous Public Meeting held 30 July 2024 (Paper B)** The minutes were approved as an accurate record of proceedings. **Resolved:** The Board approved the minutes.
TB/24/124	**Matters Arising (Paper C)** It was agreed to close action TB/24/115 on the matters arising log as it had been delegated to the People and Culture Committee (PCC). **Resolved:** The Board agreed to close the action
TB/24/125	**Trust Board Workplan (Paper D)** Kate Dyer presented the Trust Board workplan, a document which is constantly refreshed, for information.

	Resolved: the Board received this workplan for information.
TB/24/126	**Chair's Report (Paper E)** 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. Of particular highlight was:- • the Arts in Mental Health Exhibition was commended, currently taking place at the Attenborough Arts Centre; a service that encouraged people to use arts and culture as part of therapeutic benefits. • the Learning Disability Conference was opened by the Chair on 20 September 2024. • a meeting of the East Midlands Alliance was attended by several non-executive directors and executive colleagues – this was a highly informative session and the whole purpose was to bring about learning and sharing of expertise and experience. Some good presentations were given including on the Patient and Carer Race Equality Framework where there were clear messages around how inequity in mental health services impacts on quality of life for individuals from racialised minorities. • Faisal Hussain, Manjit Darby and the Chair supported a number of events following the Islamophobic and racist riots during August 2024. Manjit Darby was pleased that the trust responded so positively although some of the feedback received suggested there was learning for the organisation - with inconsistency across parts of the organisation being of concern. At People & Culture Committee (PCC) there was a comprehensive review of what happened, how the organisation responded, what worked, what did not work, how to deal with inconsistencies at team/directorate level and how the organisation continued to support minority staff. • Liz Anderson thanked the teams who administratively manage service visits to seamlessly make them happen and commented on how important it was to visit the front line to understand how staff feel and how well they feel supported, and hoped the feedback offered from service visits was helpful. • LPT and NHFT were currently jointly advertising for an associate NED role with the intention of supporting succession planning in both trusts. **Resolved:** The Board received this report and supported the process for Associate NED recruitment with NHFT.
TB/24/127	**Chief Executive's Report (Paper F)** 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:- • from the civil unrest across the country in August 2024, we saw people responding and acting quickly and showing compassion in reaching out and offering support. During Listening Events the importance of reaching out and not worrying about 'getting it wrong' has always been stressed but not to ask at all is what we want to avoid. Regular meetings with the REACH network chairs have taken place and the importance of responding to, and understanding racism in the organisation would remain

	a key part of our inclusive cultural work, Linked to this members were informed that the trust had been awarded a Certificate for Outstanding Contribution at the Asian Professionals National Alliance (APNA) conference for the anti-racism work being undertaken across our Group. • CQC inspections remain in place despite the national review into CQC. • the Secretary of State for Health and Social Care commissioned an immediate and independent investigation of the NHS with a particular focus on assessing patient access to healthcare, the quality of healthcare being provided and the overall performance of the health system - this was an opportunity, through the 10-year plan, to build upon and think about the future and how to move forward. • NHSE has outlined their next steps for the delegation of commissioning to ICBs around specialist commissioning. It was noted that Paul Sheldon would be the representative in the East Midlands Alliance so as to understand the relationship of that specialised commissioning for mental health services in particular. • thanks were offered to all who attended the East Midlands Alliance event and the Annual General Meeting. Thanks were also offered to the communications team and other teams who supported the Long Service Awards event. • participation in research was encouraged. • the Medical Educators Conference on 27 September 2024 was an opportunity to support those who supervise others and support training and development. • the Chair and CEO were asked to join NHSE to share with new CEOs the importance of that relationship in a well led organisation. The Chair asked about the NHS 111 service offering crisis mental health support and the navigation and integration in relation to the services signposted to within the LLR system. Tanya Hibbert confirmed the NHS 111 linked with the Central Access Point (CAP) service, and CAP utilise and signpost to a comprehensive range of primary, secondary, community and voluntary services. **Resolved**: The Board received this report for information.
TB/24/128	**Environmental Analysis (Verbal)** Angela Hillery offered an environmental update as follows: • NHSE held some events recently where Wes Streeting, Secretary of State for Health and Social Care attended. NHS leaders were able to engage and ask questions directly but also to hear his commitment to the NHS, which was useful. • Locally some winter workshop events have taken place which is important in terms of collaborating across the urgent and emergency care pathways and getting as prepared as we can to support front line staff in managing winter.
TB/24/129	**External Well Led Review Outcomes (Paper G)** Kate Dyer introduced this report and advised that, in line with NHSE guidance, an external review of leadership and governance arrangements aligned to the well-led framework had been commissioned and this took place in parallel at Northamptonshire Healthcare Trust. The experience had been positive and some areas for further development across both the trust

	and the group had been identified - this summary provided an overview of the findings. Operationally, this was being managed at executive level and an action plan and updates would be provided to Board via the confidential board meetings. It was noted this was an important opportunity to receive feedback, understand the well-led components and aspire towards being the best in class. Faisal Hussain was encouraged that areas for improvement picked up by Deloittes were already on the trust and group radar with improvement plans already being in place. **Resolved:** the Board received this report for information and assurance.
TB/24/130	**Board Assurance Framework (Paper H)** Kate Dyer presented this report which, following the addition of a new risk around patient safety, had eleven strategic risks, of which five are high risk (access, estates, workforce, capital funding and patient safety) - the oversight of the detail of these is managed through the Strategic Executive Board (SEB) and the Level 1 committees. It was noted that some scores were reducing where transformation work is having an impact on mitigating risks; one was around engagement with our research and innovation programme and the other was around delivery of sustainable place-based services. The new strategic risk around patient safety was emphasised with a view to maintaining a specific focus to provide the assurance framework around mitigations being put in place. In relation to BAF01 (timely access to services), Josie Spencer informed members of the recent joint workshop between the Quality and Safety Committee (QSC) and the Finance and Performance Committee (FPC) where discussion took place about how, at committee level, more assurance could be gained in terms of what was being done while people are waiting to access services. The outcomes from the workshop would be worked through and would add to the mitigations. Manjit Darby advised that risks which sat within PCC had been reviewed in order to offer the right focus and management moving forward. In relation to BAF11, the Chair asked if there was a timescale around the Rapid Safety Improvement Programme. Jean Knight advised there was a significant amount of work and a report was being prepared which would close down some elements which would then give the opportunity to assess longer term improvements and undertakings. **Resolved:** the Board received this report for information and assurance.
TB/24/131	**Audit and Risk Committee AAA Highlight Report: 13 September 2024 (Paper I)** Hetal Parmar introduced this report and drew attention to the following:- • No alert items to highlight. • Advisory items included a good level of assurance around policies, a recommendation to approve the Level 1 committees' effectiveness and the improving position of waivers due to systems put in place by the

	Procurement Team. • An assurance item of particular note was the completion of the self-assessment against the applicable NHS Core Standards for Emergency Preparedness Resilience and Response (EPRR) where LPT rated itself fully compliant. The Trust would receive its final assessment by December 2024 following the endorsement process. • No celebrating outstanding items to highlight. **Resolved:** The Board received this report and approved the Level 1 committees' effectiveness.
TB/24/132	**Audit and Risk Committee Annual Effectiveness Review and Terms of Reference (Paper J)** Hetal Parmar introduced this report which provided an annual review of the effectiveness of the Audit and Risk Committee for 2023-24. The Committee was very well attended and held productive and constructive conversations, delivering what it set out to on behalf of the Board. The Committee also invited others to attend to provide assurance and triangulation as required and when relevant to do so. Approval was sought for the Terms of Reference (ToR) that had been adapted to a group template for Audit and Risk Committees, which aligned with the Healthcare Financial Management Association (HFMA) best practice approach. **Resolved:** The Board received this report and approved the adoption of the recommended (and tailored) terms of reference as outlined.
TB/24/133	**Documents Signed under Seal: Q1 Report (Paper K)** Kate Dyer introduced this report and confirmed no entries had been made during the Q1 period 1 April 2024 to 30 June 2024. **Resolved**: The Board received this report for information.
TB/24/134	**Annual Board Report and Statement of Compliance – Responsible Officers and Revalidation (Paper L)** Bhanu Chadalavada introduced this report which assured that the Trust is meeting the Medical Profession (Responsible Officers) Regulations 2010 and the GMC (Licence to Practice and Revalidation) Regulations 2012. The information and metrics, correct at 31 March 2024, were detailed in Annex A. Numbers referred only to those doctors who have a prescribed connection with the Trust. Medical trainees on the approved training programme are excluded as they are connected to Health Education England East Midlands. Manjit Darby was interested in the quality of appraisals and asked if the quality/usefulness for individuals was considered and reviewed elsewhere as part of internal processes. Bhanu Chadalavada clarified the quality of appraisals was generally managed through the appraiser and appraisee feedback process. In addition, there is a question in the staff survey about quality of appraisals where information can be extracted and reviewed as necessary. Liz Anderson asked about those medical professionals who were, for

	example, honorary lecturers or teaching aligned and what the evidence for that looked like. Bhanu Chadalavada explained that individuals are required to provide evidence as part of the appraisal process, however the appraisal system did not highlight where medical professionals were carrying out these duties, and would consider this moving forward. **Resolved:** The Board received and approved this report and confirmed it would sign the statement of compliance.
TB/24/135	**Committee in Common Joint Working Group AAA Highlight Report 28 August 2024 (Paper M)** Faisal Hussain introduced this report and drew attention to the following:- • No alert items to highlight. • No advisory items to highlight. • Assurance items included the Joint Working Group reviewing six of the joint workstream delivery plans with minor changes suggested for future reporting and, linked to the Deloitte feedback on considering a public board meeting of the group, it was confirmed this was being planned. • No celebrating outstanding items to highlight. **Resolved:** The Board received the report for information and assurance.
TB/24/136	**Leicester, Leicestershire and Rutland LeDeR Report (Paper N)** David Williams introduced this report which provided the findings from detailed scrutiny of the lives and deaths of local people with a learning disability and/or autistic people by the LeDeR team within the LLR LDA Collaborative. Learning from the Lives and Deaths of people with a Learning Disability and Autistic people (LeDeR) is a national programme that supports health and care organisations to identify opportunities to improve the care they provide, and reduce the inequalities faced by this vulnerable community. Through consideration of the report and sponsorship of the recommendations within it the Board may enable local inequalities to be addressed through organisational plans and increased collaboration between partner organisations (page 6 of the report detailed the Top 10 Learning into Action points referred to by the presenting team earlier in the agenda). David Williams highlighted the challenge around interpretation of the Mental Capacity Act in relation to people with a learning disability and autistic people and how there was an assumption that those individuals do not have capacity, and so implementing the Mental Capacity Act correctly was a really important area of supporting people. Other examples of challenges were recording people's weight and diagnostic testing and it was recognised that small changes implemented individually and differently would make all the difference to service users. The Chair asked if the figure on avoidable deaths was monitored and whether the LeDeR report would inform if this figure was reducing year on year. David Williams expressed caution around the four years' worth of data and although life expectancy had risen within those four years, he felt a statistician would not consider four years data enough to prove any trend verses natural variation. Angela Hillery also shared with members that in terms of death certification the reason for death will no longer be able to be cited as learning disability which would help offer clarity on the care that people need and around cause of death.

	Faisal Hussain asked if there was a clear action plan in place both at provider level and system level to help the trajectory of implementing the Mental Capacity Act appropriately and whether the emerging trends would be seen outside of the LeDeR report. In addition, with respect to the weighing scales he was concerned to hear about such inconsistent care for this cohort in our communities. David Williams stated that helping all understand their role in contributing to improving health outcomes was key; this was currently being undertaken through an educational approach, for example, sharing with elected members in local authorities, sharing with clinical leaders and training sessions in primary care. The Board then confirmed the committee through which action in response to the findings of the LeDeR report be progressed would be the Quality and Safety Committee. **Resolved:** The Board received the report and confirmed progress in response to findings would be progressed through the Quality and Safety Committee.
TB/24/137	**Quality and Safety Committee AAA Report: 20 August 2024 (Paper O)** Josie Spencer introduced this report and drew attention to the current position and positive progress of the audiology service in response to the findings from the regional peer review. Also highlighted was the number of waits over 52 weeks which remained a concern but the committee was pleased to hear about the developmental business case funds. In relation to the Nottinghamshire Healthcare report and, following the QSC meeting, it was advised that the ICB wanted to work with LPT on quality and safety issues and finally, cohort 4 of the Director of Nursing, AHP Fellowship scheme started in September 2024 and there were twelve staff across three directorates who had come forward which was fantastic to hear. It was also good to hear that Langley Ward was now open. The Chair enquired about the delay in addressing health and safety historical actions mentioned in item nine of the highlight report and asked for assurance on mitigations in place around those. Jean Knight clarified that some of the historical actions had not been closed down due to confusion around responsibilities and the only outstanding actions were those that required capital funding and risk assessments had now been completed for all of them. Faisal Hussain asked if the seclusion room issue at the Agnes Unit was something which could be easily addressed. Paul Williams confirmed work was underway with the Unit to consider this going forward. **Resolved:** The Board received the report for information and assurance.
TB/24/138	**Safe Staffing Monthly Report (Paper P)** James Mullins introduced this report which provided a full overview of nursing safe staffing during the month of July 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:- • Safe staffing reviews undertaken with clinical teams relied heavily on professional judgements for when establishment reviews take place. • A vacancy and agency reduction plan had been in place in relation to the NHSE directive on ceasing all off framework usage spending by July 24 – lots of high priority actions had taken place. Oversight continues but off framework usage is now at zero. • The nursing workforce continued to grow and develop. Manjit Darby asked, from a clinical leadership perspective, if there were any particular concerns in terms of areas of greatest risk as she felt this information was missing from the report. James Mullins was assured in terms of processes and systems in place to keep services safe but there were still vacancies which always has a potential to impact on quality of care. Bhanu Chadalavada added that staffing in the community, although improved, is an area of particular focus and required continual improvement. Hetal Parmar asked if the workforce challenge was around supply or around being flexible with resources to support higher priority areas and then followed with an example from a recent boardwalk to the community immunisation service. James Mullins advised the challenge was not just about workforce numbers but also around safety and quality and the reason for so much work around retention and growing our own workforce. Tanya Hibbert added that staffing levels assumed a number of observations but that sometimes higher observation levels were required with more acute patients and confirmed that staff are moved around to respond to pressures on a day to day basis, using bank staff where necessary in order to do that in the most cost efficient way. The importance of triangulation through the board sub-committees of the data contained within this report was highlighted. **Resolved:** The Board received this report for information and assurance.
TB/24/139	**Patient Safety and incident Learning Assurance Report (Paper Q)** James Mullins 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 learning. It was reported that:- • three prevention of future death reports from the Coroner (Regulation 28) continued to be the focus of the Rapid Safety Improvement Programme • the Patient Safety Incident Response Framework (PSIRF) work continued to build on processes and learn as it developed collaboratively. • improvement seen in Cat3 pressure ulcers although some special cause concern peaks around Cat4 pressure ulcers and prevention was the

	focus of the community nursing programme. There is lots of work ongoing and a successful trial using the Isla Application was being rolled out in community nursing hubs. • There was a rise in falls in August particularly in one area on Gwendolen ward but this was due to a small number of patients whose presentation and behaviours made them prone to placing themselves on the floor. Faisal Hussain queried the recording of data where patients placed themselves on the floor. James Mullins explained the data was included as part of the culture of increased reporting and awareness around prevention of falls and understanding the patient group, but that the data could be disaggregated. The Chair referred to one of the patient stories about liaison with Turning Point and improvement of communication channels and asked if there was a protocol about data sharing. Tanya Hibbert confirmed there was an agreement in place with UHL and would confirm the agreement in place with Turning Point. James Mullins added that through the work undertaken around the Nottinghamshire Healthcare CQC report, a deep dive took place where one of the outcomes was to work closely with Turning Point in improving data sharing and reporting and work was ongoing around data sharing. **Resolved:** The Board received this report for information and assurance.
TB/24/140	**Learning from CQC Section 48 Inspection of Nottinghamshire Healthcare NHS Trust (Paper R)** James Mullins introduced this report which provided an update on the trust's self-assessment and learning from the recent Section 48 inspection of Nottinghamshire Healthcare NHS Trust and an overview of actions taken or planned to address any improvements for LPT. As a reminder, this was in response to a CQC request for all mental health trusts to respond to a national survey outlining how trust boards have reflected on the issues and recommendations identified in the review. In relation to the self-assessments Josie Spencer noticed that Turning Point were not listed presumably because they were not a service of LPT but asked if they would have completed a self-assessment against these access issues as part of their process. Another point made was in terms of carers and advocates feeling excluded and how it would be useful to think about that in terms of patient experience and feedback and finally, that it would be helpful for QSC, in addition to the executive process, to have sight of this from an assurance perspective. Tanya Hibbert explained the CAP service was delivered by LPT but the call handling element was delivered in partnership with Turning Point as part of a tender process – this would be picked up as part of the CAP self-assessment to be added to the list. It was also helpful to note that family involvement (carers and advocates) was being picked up by a triangle of care work within mental health services to incorporate and embed this within teams. In the Directorate of Mental Health (DMH) the Head of Nursing recently undertook an audit of fifty patients who had been discharged from our PIER service back into primary care and the detail of those findings would be looked at in

	other governance meetings. Jean Knight mentioned the proposal to take this through the Rapid Safety Improvement Programme Board may not be the most appropriate and a discussion would take place as an executive team to decide on oversight. Angela Hillery commented on the use of abbreviations within the report and asked that differentiation was made between Nottinghamshire Healthcare Foundation Trust and Northamptonshire Healthcare Foundation Trust to avoid confusion. **Resolved:** The Board received this report for information and approved the submission to the CQC.
TB/24/141	**Complaints Annual Report (Paper S)** Due to time constraints this item was deferred to the next meeting.
TB/24/142	**Finance and Performance Committee AAA Report: 20 August 2024 (Paper T)** Faisal Hussain introduced this report on behalf of Alexander Carpenter and drew attention to the advisory item about the compliance level of servicing of equipment but the committee took high levels of assurance that action plans would be tracked and monitored. There were no other items to highlight. **Resolved:** The Board received this report for information and assurance.
TB/24/143	**Finance Report – Month 5 (Paper U)** Sharon Murphy introduced this report which provided an update on the Trust financial position for the period ended 31 August 2024. Key points were highlighted as:- • a £1.1m deficit was reported which is as per plan. • overspends continued in clinical directorates however the run rate was slowing in CHS and FYPC but has remained consistent at around £50k per month overspend in DMH. The overspends are mostly driven by under-delivery on CIP plans but the Trust has released central non-recurrent balance sheet flexibility to cover the position in Month 5 and is planning to release around £1m to cover the position for the forecast CIP delivery. However, there are still significant CIP requirements from Month 6 and 7 onwards in terms of directorate delivery and it is imperative this delivers to enable overall delivery of the financial plan. Confirm and challenge meetings were currently taking place to seek further assurance and this information would be reviewed at Executive Management Board to agree whether an additional trust-wide recovery plan needs putting in place. The forecast remains to deliver the break-even plan because of actions being put in place. • £2.2m under planned spend at Month 5 on agency and the focus of the agency reduction group at the moment is price cap breaches. • changes to the opening capital plan are detailed within the paper and those revisions have been reviewed and approved by the Capital Management Committee and Strategic Executive Board and approval was sought from Trust Board due to the materiality of the changes to the original plan. After factoring in these changes, the capital programme will now be running with

	an over-commitment of £0.7m. Confirmation was still awaited from NHSE of a £0.6m Adult Care Transformation & Innovation Fund (ACTIF) bid, which if successful will help support the Belvoir improvement works and reduce the capital shortfall down to £0.1m. NHSE awarded £54k of the £0.6m this month for the fees element of the Belvoir bid, leaving £0.546m still to be confirmed. • The 10-year LLR capital plan was submitted asking centrally of £3.3bn funding over the next 10 years and for LPT the ask was £540m. Capital funding and capital requirements was a continuing issue. • As a system we are off plan at Month 5 and variances continue at UHL and ICB so work continues as a system to mitigate risks and ensure delivery of the deficit plan. **Resolved:** The Board received this report and accepted and approved the capital plan changes/year to date financial performance.
TB/24/144	**Performance Report – Month 5 (Paper V)** This report, presented by Sharon Murphy, provided an overview of the trust's performance against Key Performance Indicators (KPIs) for August 2024. It was noted the number of over 52-week waiters for Adult ADHD assessment had increased in July 2024. This was following an increase during the previous period and was as a result of the resolution of a data discrepancy enabling the alignment of local and organisational reports. There was no negative impact on the length of time patients would wait for an appointment. **Resolved:** The Board received and approved this Performance Report.
TB/24/145	**People and Culture Committee AAA Highlight Report: 11 September 2024 (Paper W)** Manjit Darby introduced this report and confirmed there were no alert items to bring to the Board's attention. **Resolved:** The Board received this report for information and assurance.
TB/24/146	**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.
TB/24/147	**Any Other Urgent Business** No other business.
TB/24/148	**Papers/updates not received in line with the work plan:** Trust Board Annual Effectiveness Review - *deferred to next meeting to allow for reporting of External Well-Led Review first.* Trust Board Development Programme and Joint (Group) Development Programme – *deferred to next meeting to allow for consideration of Well-Led Review implications* Complaints Annual Report – *paper received but deferred to next meeting due to time constraints*
Close – date of next public meeting: 26 November 2024	